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MENTAL HYGIENE aims to bring dependable information to every one whose interest or whose work brings him into contact with mental problems. Writers of authority present original communications and reviews of important books; noteworthy articles in periodicals out of convenient reach of the general public are published: reports of surveys, special investigations, and new methods of prevention or treatment in the broad field of mental hygiene and psychopathology are presented and discussed in as non-technical a way as possible. It is our aim to make MENTAL HYGIENE indispensable to all thoughtful readers. Physicians, lawyers, educators, clergymen, public officials and students of social problems will find the magazine of special interest.

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MENTAL HYGIENE

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MENTAL HYGIENE AND NATIONAL DEFENSE *

INTRODUCTION

ADOLF MEYER, M.D.

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IT IS again my privilege to welcome the participants of the mental-hygiene interests who assemble to hear the report of the director and his associates and the program of short addresses reflecting the present trend of activities in our field.

We are at a juncture of events that make one feel as if no word could be strong and vital enough to bring home the full significance of what we are concerned with. I have heard the banal and trite, but only too glibly undermining, statement that mental hygiene has oversold itself and has become commonplace. These are times in which the situation and the emergencies are so vital, so close to being of the life-or-death order, that words appear pale—strong only according to the depth and energy with which they are felt and sensed and are an expression of *action.*

We are here to give full sense to the concept of *"hygiene."*

Hygiene is one of the Greek words that may not ring with the full energy that belongs to the real intent. The Latin equivalent of the Greek sound or syllable *hyg* is *vig* in vigor, and "hygiainein" means to be and become sound and

* A symposium presented at the Thirty-second Annual Meeting of The National Committee for Mental Hygiene, New York City, November 13, 1941.

healthy and *whole*some—*vigorous,* which is indeed telling enough, and calling for the full sense of what belongs to the emphasis of what the *word* must suggest: *Mental vigor* is the issue to-day, if it ever was.

Mind, soul, and person-function is what we have to muster in the world crisis in which a monster has asserted itself with the terror and horror of the most fateful vigor of destructiveness—to the full danger of which too many of our people seem to be blind. American psychology and man-science and hygiene may be in danger of being banal beside the terrific energy of the threat in its destructive character. (The whole German war psychology has been much more pointed and on its evil job.) Ours cannot profitably be anything short of the biggest *challenge,* in this threat and hurricane of blind and insane destruction. With the brutal indulgence of explosives and detonations, it is only the vigor of all there *is* in mind and soul and life that can bring order and outlook and perspective and wholeness to man-function and man-science. It is the inspiration in the very nature of mentality and reason and vigor of "man alive to wholesomeness" that will bring out what we may be able to attain lest we squander and pile up blindly the best that is in man in our manhood and womenhood.

It would be a tragedy if the deplorable isolationism which led to our betrayal of Wilson's and Theodore Marburg's League of Nations should continue to sabotage the vigor of the American mind and soul and life-spring, you might say, the excuse of our further exploiting the European invasion of the Red Man's continent, with Hitler preparing to take it over in his well-known way. It is all the vigor and health of American mentality as well as its coal and steel that is needed to-day—as it should be in the lead, day in and day out, but above all in the days of this world crisis. One might cry out: "Forgive them; they do not know what they are doing!" But we cannot merely forgive and appease. We must be worthy of our breath, as psyche and as source of vigor, and come down to realities instead of wallowing in the unconscious and in mysticism and the groping for false liberty and talk of human rights without obligations, misleading us in the hours of fate.

Vigor of mentally integrated action, including an objectively sound and wholesome subjectivity—*i.e.,* true ergasia as performance—will have to prove us equipped to use our continent as yet untouched by the scourge of war, although by no means safe against the planful undermining through the self-appointed saviors of sick countries and exposed to the misled ingenuity of Europe on a path of ruthless destruction. What do we do toward *construction* and toward the *vigor-kind* of *hygiene* and wholesomeness of man and manpower in the struggle with a demon shouting for a phantom of "new order" that completely forgets the human soul and individual and all but one so-called "race"? How does our action prove itself not merely as a "new deal," but the *fair deal and full use* of what we have and are and work—the vigor of the available modern man-function of breath and spirit and mentality and soul? What *have* we done, and what are we *doing,* to inject into our democracy the full sense of *man's master-function,* self-guidance and guidance of our kind, with the right selection and training and self-discipline of the leaders and the led—what I like to call the *ergasia* as self-directed working, or as psychobiology in full realization of *human hygiene, soundness, and vigor?*

A MESSAGE TO AMERICA

EDWARD A. STRECKER, M.D.

Chairman, Scientific Administration Committee, The National Committee for Mental Hygiene; Professor of Psychiatry, University of Pennsylvania

A GREAT deal has happened since we met a year ago, and very much of what has happened has been bad. You may remember that when we last met, France had been conquered, but even at that time we had no idea how heavy would be the heel of the Nazis upon a prostrate and helpless people. So heavy has been that heel that now, for instance, at this cross-section of time, we cannot say, "There is France"—we should have to say, "There was France." Pray God that soon again we may say, "There is France," but now we must say in sadness, "There was France," once a beacon in the dark night, lighting the lonely and dark road,

so that democratic human progress could see to march! When we were in our swaddling clothes, in the infancy of our Republic, we suckled sustenance and courage from the breasts of France, then already deeply permeated by the spirit of human democracy.

France came upon evil days. She listened to false prophets. There was selfishness—unutterable selfishness—and worse—there was treason. In psychiatric language this might be the epitaph of France: "Here lies France. Her enemies, external and internal, divided the house of her national personality. It became necessary for her to act. There could only be the ineffective and feeble action of a diseased, disrupted, and disorganized national personality. France fell. The beautiful symbol of her liberties was dishonored and dragged in the archaic mud of barbarians."

I need not continue. All this has been said much better than I can ever hope or aspire to say it. It was said by a French workman, an old man, who viewing the remains of his cherished motherland, said this: "We have lacked an ideal. We came to imagine that the proper duty of man was to arrange an easy way of life, individualistic to the point of selfishness. We saw no purpose other than the ability to satisfy our wants. We looked upon the state as a universal purveyor, and we always spoke of our due, seldom of our duties. We persisted in our errors. For one thing, we persisted in leveling the nation down and in imagining that the state would prove an everlasting milch cow.

"The awakening is rude. A terrific task faces our young generation—what is left of it. We must do all we can, morally and materially. We are about to become slaves. But I am convinced that adversity will weld the nation. We shall have to bow our heads, but no force on earth will be able to break our hearts."

This old French workman added these words: "Tell all this to the Americans and warn them at the same time of the perils that may befall democracy everywhere when it forgets that free men have duties as well as rights."

I suggest that the words of that old French workman be the keynote of this meeting; and if it is the keynote of this meeting and of many other meetings, and if those words

beginning, "Tell all this to the Americans," are treasured in the hearts of the American people, then even should it come to pass that the mad blood lust of the dictators should be doubled and even trebled, even though many more nations should become enslaved and still many peoples be subjected to debasing humiliations, even should sick and suffering civilization come to its very deathbed, and it and its cultures perish, yet would it be enough that words like the words of the old French workman remained as our legacy. These words and the dauntless spirit that spoke them would suffice to lay the foundation stones of a democracy even more enduring, more humane, more spiritual, and more democratic than the democracy that is our birthright.

We are beginning to assemble a front in the present crisis. It is not yet, I take it, a unified front, as it should be and as it soon will be. There are various things that operate against the formation of an invulnerable and an impregnable front. For one thing, there is always current a certain amount of dissatisfaction. Some people are never satisfied unless they are dissatisfied.

I remember in my younger days in psychiatry a patient I had, a woman who, as I visited her every morning for many mornings, begged me to give her a dose of poison to end her misery. After several years of this, I did bring in a vial of red-colored water one morning, and presented it to her. Thereupon, she took the vial from my hand and threw it at my head and damned me as a cold-blooded wretch and a murderer.

You may have heard the story of the three anarchists who were living under the protection of our flag. It seemed to two of them that the third was getting rather weak and lukewarm about plans to bomb the White House and assassinate the President. Finally, out of patience with him, they both turned upon him and in unison said, "Why, you so-and-so! If you like it so well in this country, why don't you go back where you came from?"

So one expects a certain amount of dissatisfaction, since, as I said, there are many people who are not happy unless they are dissatisfied.

And then there is something else that operates against the

rapid formation of a unified front, and that thing is inherent in a democracy. One expects a democracy to be rather slower in gaining momentum than, let us say, a dictatorship, because when a crisis arises, it is necessary for the democracy to merge into a unified front the differences of opinion and the opposition that it, as a democracy, has invited and encouraged; consequently one would expect a certain amount of delay in the formation of an unbroken front.

But there are more serious things than that. There are things that one refers to as the activity of Fifth Columnists—those disciples of an evil doctrine who are busily engaged in fomenting class hatreds and inciting capital against labor and labor against capital, and perhaps in working on our newly inducted army and attempting to incite it against both capital and labor: "Divide and conquer."

But enough time has passed, or soon will have passed, for us to have acquired momentum. Democracy is at stake—not only our democracy, but the democracy of all human beings. No one can retrace the history of democracy to its beginnings, but one can picture it beyond the demarcation of recorded history. Certainly its first faint spark must have been discernible when there were only two classes of people in the world—masters and slaves. One may be sure that here and there, in the slave hordes that built the pyramids, in the galleys of ancient Spain, and in many other places, a slave brooding over the injustice to his fellow slaves succeeded in loosening his chains or tearing the whip from the hands of the gang master, making a brief, but glorious gesture for liberty, giving his life on the altar of freedom and passing into an anonymous immortality. Thus was lit the torch of liberty. Often down through the centuries the flame flickered and the light was dim, but never was it extinguished.

Within the span of recorded history there is a procession of great patriots, apostles of democracy in every country in the world. They held aloft the torch of liberty and relinquished it only when death loosened their grasp.

My favorite walk in Washington is from the Washington Monument to the Lincoln Memorial—from the austere, patrician Washington, the wealthiest man of the young American nation, risking all at the dictates of his love of liberty, to

the eternal Lincoln, of the lowly and common people, the great Emancipator, sadly brooding over man's inhumanity to man, freeing them and consecrating his love of liberty with his life's blood—and between and beyond these two great American patriots there was, and is, a long unbroken line of American lovers of democracy.

Down through the years of our national existence, the torch of liberty was held ever higher and burned ever brighter, a beacon to enthralled people everywhere. And now, our sacred democracy, our liberties, sanctified by the great patriots of our history, are at stake. One can picture these great American patriots saying to us now:

> "Take up our quarrel with the foe:
> To you from failing hands we throw
> The torch; be yours to hold it high;
> If ye break faith with us who die,
> We shall not sleep, though poppies grow
> In Flanders fields."

A YEAR OF SELECTIVE-SERVICE PSYCHIATRY

HARRY STACK SULLIVAN, M.D.
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DURING the past year, since the enactment of the Selective Service Law, I have had some surprises and a reasonable number of disappointments. The surprises have been pure and complete surprises and almost invariably delightful. The first was the responsiveness, the enthusiasm, and the intelligence of psychiatrists in meeting the peculiar demands of selective-service work. I had always supposed that my colleagues were the most individualistic of a highly individualistic people. I am exceedingly happy to report that their response to the opportunities offered by the Selective Service and Training Act has been, with no exception, superlatively good. There have been none of the difficulties that I had anticipated. Psychiatry has rallied in wonderful fashion—a profoundly impressive experience, I assure you, and I suppose one that ought to remove the residual doubts that I still have.

Some of the failures of this year are chargeable to neglect of opportunity by your speaker; some of them are chargeable

to the historic events that determined the character of medical education in the past thirty-five years.

You will realize, when I mention it, that psychiatry—except the alienism of court work—was not well represented in the curricula of the medical schools from which most of our now outstanding physicians came. It is for that reason that the greatest obstacle we have encountered in using the knowledge of personality to select men for the armed forces has been put in our way by the medical profession.

This is no reflection on them. As psychiatrists, we know that people are the products of what they are born with and what they have experienced, and if they have not experienced psychiatry and if they have been very busy—as successful physicians are apt to have been—since they left medical school, it is not strange that they expect psychiatrists to be incomprehensible, if not psychotic, and that it is singularly difficult to get them even to listen, much less to hear with an open mind, what we have to tell them.

None the less, having been surprisingly forehanded, the government presented to psychiatrists certain rudimentary ideas that seem to be valid about the selection of personnel, and these psychiatrists have presented some of these ideas to as many of the medical profession as they could capture and keep around for the necessary two or three hours. Some of the medical profession have been inspired with these ideas, and let me tell you that the forty-nine state medical officers of selective service include some of the most distinguished members of the government to-day. The results that they have accomplished in the last six months, since they began to get a clue to what psychiatric selection was all about, will remain, I think, one of the distinguished performances of this mobilization.

These men have examined the work of their local-board examiners and have taught them that psychiatry is not nonsense, have given them clues as to which registrants require further psychiatric study, have in many cases even gone so far as to provide questionnaires, outlines, and so forth, that would assist these physicians in sorting the unsuitable from the suitable and in recognizing the doubtful whom they should refer for psychiatric study. The state medical officers have done a splendid job.

Psychiatry has been recognized by some medical men in high places as a feature of the current perspective, with distaste, with the feeling that psychiatry, with its insight into propaganda, had stolen the show. That is too bad. Much time will be wasted correcting this misapprehension.

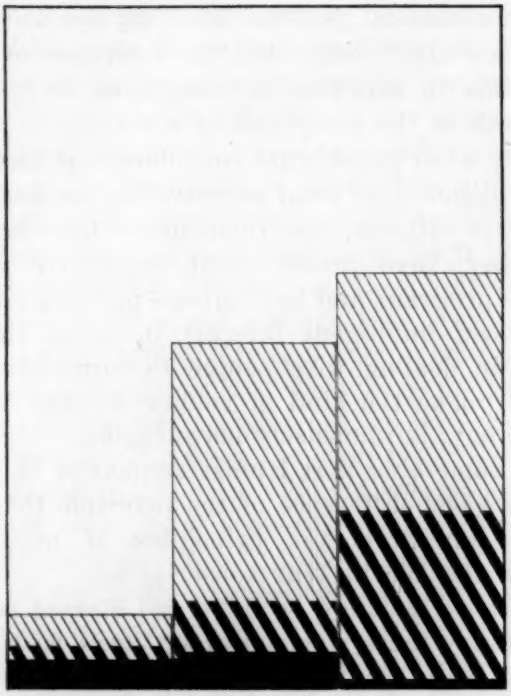
Among non-medical persons directing the work of mobilization, let me say, briefly, that the relevance of psychiatric considerations in selection is recognized in the personnel branches both of the army and of the navy.

Moreover, when psychiatric considerations have been laid before lay members of local selective-service boards—pretty representative citizens, you remember—these laymen, I am happy to say, have proven most responsive to the good sense of the program, and have often—perhaps nine times out of ten—shown intelligent interest in using their lifelong experience in dealing with people to formulate criteria as to who will make the kind of soldier we now want. This, needless to say, is immensely encouraging.

There is something that I must emphasize at this point—namely, the great difference of the principle that is guiding selection to-day from the principles, if any, that were apparent in the World War conscription.

Then, because we knew so little and started so late, what little psychiatry there was concerned itself with *sorting out* people who were mentally ill, people who were seriously affected in intellectual factors, and so on. If you will study the data on the two years during which we then were conscripting man power, you will discover that the psychiatric standards applied to selection increased greatly in rigor between the first and the second million men sent to camp. Now, while we still seek to eliminate the obviously psychotic, the gravely feebleminded, and so on, we are attempting to *sort into* the army only that part of the population of appropriate age who will not be broken down by any strains and stresses they are apt to encounter. It is primarily the great difference in underlying principle, and, secondarily, improved understanding of personality factors, that make for a much higher rate of psychiatric disqualification now than during the first World War. Without pausing to give the more cogent considerations that call for the present principle—

which I have developed at some length, elsewhere [1]—let me give you some idea of the numerical differences by means of the accompanying graph.[2] The solid black area at the bottom represents the number per thousand, the total area of the



Rates of Mental Deficiency (First Column), Psychoneurotic States (Middle Column), and Psychopathic, Cyclothymic, Schizoid, and Addiction States, Per 1,000; as Currently Diagnosed Compared with 1918 Rejections.

figure, rejected in 1917–18 for conditions in each of three groups, (1) mental defect or deficiency, (2) the psychoneurotic states, and (3) the lumped categories of psychopathic, cyclothymic, and schizoid states, and alcoholic and drug addictions. These rates are projections of the best standards of the period, applied to the total number of persons examined in the community or in camp.

[1] See "Psychiatry and the National Defense" and "A Seminar on Practical Psychiatric Diagnosis," by Harry Stack Sullivan. *Psychiatry*, Vol. 4: pp. 201–217 and 265–283, May, 1941.

[2] From the preliminary report of the Central Examining Board for Psychiatry and Neurology, District of Columbia, to be published in *Psychiatry*.

Because there are not yet any dependable nation-wide statistics as to the mental health of registrants, the William Alanson White Psychiatric Foundation undertook, in collaboration with the District of Columbia organization of Selective Service, a study of a representative group of registrants found *physically* fit by the physicians attached to local boards, and as such awaiting induction into the army. The rest of the graph presents a projection of the results to date, adjusted to the nation-wide proportion of Negroes to whites.

The heavily shaded parts of the three columns (including the black areas) represent the number per thousand of registrants definitely unsuited for the military vocation. The lightly shaded areas above these represent the number per thousand registrants in whom there are signs and symptoms of one of the conditions in point—the severity of which condition, however, is not deemed to be completely disqualifying for the military vocation. Many of these registrants are regarded as adequate for full military service; others, for limited service. Because there is considerable leeway for psychiatric judgment in making this discrimination, the graph is drawn to show totals rather than the actual separation into numbers of registrants recommended for 1-B and for 1-A classification.

You will notice that the psychoneurotic and the eccentric personalities—who we presume also are eccentric at least in part because of life experience—are the enormously greater part of the whole. We believe—and not without justification—that a great many of these people, taken from their protected environment and from the particular niches that they have built for themselves, and thrown into regimentation, with the circumstance of having people around them at all times, will suffer a marked reduction in their efficiency as people, if not an acute exacerbation of mental disorder.

We find that many people break down in the first few days at a cantonment. It is said, "Oh, they were always sick; their mental state was not noticed until they got here." The burden of proof rests on the person who makes this statement. There is some evidence to support the view that the event of being inducted has a disastrous effect on some border-line people who could continue to be useful members

of the national defense had they remained under the circumstances in which we found them. That is the principal reason for care in sorting out persons who show any of this group of functional disorders. Even if we did not care what became of our fellows who have already suffered an undue share of unfortunate experience, the national defense requires conservation of man power, and forbids waste of this sort.

Well, about the year of selective-service psychiatry, let me say briefly that the program was threefold: orienting psychiatrists to the new task, to uniform principles and procedure; showing physicians generally, as represented by local-board medical examiners, the significant rudiments of personality inspection and psychiatric diagnosis; and educating the public to the rationale of intelligent vocational placement in the total mobilization.

The first step was completed, but the second and the third were scarcely begun. Psychiatrists in the Selective Service System and those on army induction boards, to the eternal credit of our discipline, responded almost to a man. Even examining physicians and non-medical persons concerned in the mobilization interested themselves, to some extent. All in all, the program of intelligent utilization of man power was realizing itself with increasing thoroughness—despite central resistance to developing the medical- and public-educational phases.

True, we have inducted into the army many a person who is no asset to the armed forces. There are psychiatrists on S. S. S. medical advisory boards who have never had a registrant referred to them. There are psychiatrists on army induction boards who have been expected to formulate opinions as to mental health and vocational fitness of some 150 to 250 registrants per day. There are selective-service local boards that regard psychiatrists as feebleminded persons who indiscriminately reject every one sent to them, and army-board chairmen who ignore psychiatric opinion entirely.

Moreover, in this first year of the mobilization, there has been many an administrative jitter about the use of two or more physicians where one—or none—would seem to be enough. Even, if I mistake not, there have been some headaches lest apparent differences of medical opinion about the qualification of particular registrants would undermine the

public confidence in medicine—which is coeval with all civilization, and about as vulnerable to mere facts as is our conviction that we are alive and will ultimately die.

Regardless, we come now at the end of this year to the change in medical examining procedure euphemistically called "the single examination," and more properly identifiable as disintegration of the medical function in qualifying persons for induction into the armed forces. The plan, as I have had the misfortune of seeing it unfold, was to have reduced local-board physicians to a medical function so crude that it is without historic precedent. They were to be forbidden the use of stethoscopes or other diagnostic apparatus—if local boards insisted on having them at all. Preferably, they were to disappear, without a trace.

Let me close the door on this ignoble phase of mobilization history by saying that the impulses concerned were restrained by superior authority and the "single examination" is to realize itself in somewhat less anachronistic form. Local boards will continue to have "examining psysicians," who will, after New Year's Day, eliminate persons *manifestly disqualified* for the military service. Helpful hints as to what is manifestly disqualifying will be provided from time to time. The army will see every one about whose disqualification there is any doubt whatever.

This means, in the field of our primary interest, that—excepting for what good sense local selective-service personnel may continue to exercise as a civic responsibility—the burden of psychiatric and personality selection now devolves wholly upon the medical department of the army. In my opinion, any continuing skepticism on the part of army medical authorities as to the importance of mental and personality factors in qualifying registrants will now have disastrous consequences. Under no conceivable circumstances can satisfactory work be expected of psychiatrists who see candidates for an average of two and one-half minutes in the course of the pre-induction examination. This quasi inspection is better than nothing, so far as the quality and durability of army enlisted personnel is concerned. So far as psychiatry itself as a medical discipline significant in intelligent mobilization of man power is concerned, it is decidedly worse than useless. It is an incompetent make-

shift that does far too little far too late in the process of mobilization to eliminate the most troublesome elements.

There are some current needs so urgent that I must mention them. The need that cries from every side, the need that reaches above all others, is the urgent necessity for indoctrinating medical men with the simple fundamentals of psychiatry. Careful search fails to reveal over 3,500 well-trained male psychiatrists in these United States. With the work of mobilization, with the work of navy recruiting, with the maintenance of troops, with the care of the inevitable mental casualties in troops, with the demands, the inescapable demands, of civilian care, institutional and otherwise, and with the presently to become staggering problems of technical aid in the maintenance of civilian morale and solidarity, 3,500 psychiatrists cannot possibly do all the psychiatric work.

In the national interest it must become immediately the work of every medical man to do the rudimentary psychiatry that is so widely needed for such large numbers in so many places. It is up to us in some way to achieve the miracle toward which we have struggled over the years. We must open the minds of the medical man generally to the really surprisingly simple and understandable facts that make up basic psychiatry, so that he can do our first aid, he will do our crude diagnoses, and so on, in a uniform and dependable fashion to his own self-respect, and leave us only the more complex problems for which our training alone entitles us to responsibility.

At the same time the greatest need—as a preliminary to the stresses, strains, disasters, bad news, and all the deprivations that the American people are about to experience—is the rapid communicating to the public, to all those leaders everywhere on whom other people depend for their views, of a simple realization of what this mobilization program means—namely, that in total war almost every one has a place, but that the only place for any one is the place where he is most apt to continue to be efficient, reasonably comfortable, and a successful member of the American Commonwealth.

The public must be helped at last to lay aside archaic

superstitions about personality and individual differences, and to grasp the simple truths that we have elaborated in the past twenty-five years.

Every one of us has an enormous task in the achievement of each of these absolutely necessary desiderata, besides all the other things that will gradually reveal themselves to us to be done.

WELFARE AGENCIES AND MENTAL HEALTH IN DEFENSE

HOMER FOLKS

Secretary, State Charities Aid Association, New York City

I APPRECIATE the opportunity of being on this program for a few minutes. Also, I am flattered by appearing in that part of it which is under the heading "Scientific Program," while my dear friends, George Stevenson and Adolf Meyer, are only on the agenda. I am flattered by that distinction, and I shall, therefore, of course, restrict my few comments and remarks strictly to a scientific basis.

There are three parts to my subject: welfare agencies, mental health, and defense. I shall pass over the first two pretty rapidly. "Welfare agencies" is a very inclusive term, covering both public and voluntary agencies. It can be said now, as it could not have been said any time until within the last few years, that there is some welfare authority—that is, some public authority whose duty it is to afford relief to persons in need—for substantially every square foot of territory in the United States. The voluntary agencies, extremely valuable as they are, are apt to be in the larger cities, with limited funds and limited programs as compared with governmental authorities. Most of them are geographically limited to a city or a county. It happens that the particular one I represent—and have not been able to get out of, except temporarily, for forty-eight years—does cover the state of New York as a whole. We are represented in every square foot of territory in New York State, and have a real concern for human well-being in every portion of it.

I make the sole mental-hygiene remark as to welfare that,

in whatever place a man may reside who comes within the Selective Service Act, if he is in need of advice and help, there is some public welfare authority—and in many places there is also a voluntary welfare agency—that could be, should be, and would be interested in helping him to meet his problems. Welfare in the broad sense, it seems to me, is very, very close to mental health.

Sticking to the strictly scientific approach to my subject, may I say that last summer I was interested in a book about animals? I think that all humans occasionally like to read books about other animals. The wilder they are, the better —so long as it is in a book. This writer said, in regard to the matter of animals attacking men, that within his knowledge, observation, and reading, there was no authenticated instance of an animal's attacking man unless it was cornered or *thought* it was cornered. There may be exceptions, but we will not go into that now. In other words, it was his idea that, generally speaking, an animal does not run wild unless it either is cornered or thinks that it is—but then it fights to the death.

We should not forget that man also is an animal, and that he has to some degree characteristics, attitudes, and reactions in common with some other animals, to which he may have had, if we go far enough back, some actual relationships. As man comes up through his early years, he achieves a certain measure of education, he takes on some obligations, he has a family and some income, he develops capacities—and he has corresponding duties. Sometimes these obligations seem to him to mount and assume staggering proportions, while his capacities and his income seem to him to shrink. In other words, man sometimes either is cornered, or feels and thinks that he is cornered; the result is the same. If he really feels sure that he is cornered by life, then he, like any other animal, may run amuck and strike blindly right and left, injuring chiefly himself.

It is the primary work of agencies in the field of mental hygiene, health, and welfare to discover and to get in touch with persons who are having such difficulties, whether they are real or only appear to their victims to be real. It is up to us to help them to see that they are not cornered by the

complexities of life, that what may appear to them at the moment to be a right angle in front of them is only seemingly so—that the path on which they are walking continues indefinitely ahead; it only passes behind a tree or a hill. And if their difficulty is real and is not exaggerated by their fears, our task still is that of imparting new confidence, of helping them bit by bit to make their way ahead, to meet their obligations, and to live up to their possibilities. Then they will not feel obliged to stake their all upon a single encounter with life's difficulties. That seems to me, in a sense, to be the important fact for us, in so far as these difficulties arise from or are hastened or increased by social issues and considerations.

I want to hurry on to the third part of my subject—defense. I am going even beyond immediate defense to the post-war period, which, although not chronologically upon us, is with us psychologically. For post-war, long-range defense, much thought is being given and large plans are being made, particularly in that country which one might think had no present opportunity even to take thought for the post-war period—Britain. In Britain, there is already a very active, a very serious, and a very thoughtful preparation of programs for post-war reconstruction. They must rebuild their cities, portions of which are in ruins. What they must do, we will do by choice. We will rebuild our slum areas, because they are not fit for Americans to live in.

Neville Chamberlain was right in thinking that if he could avoid war at almost any price, he should do so because Britain would not be the same country after a war. America, too, will not be the same country after a war. Either we will be feeble, flabby, and done for, or we will be a more efficient, devoted, unified, and accomplishing country than we have ever been before.

I want you, as mental-hygiene experts, to think about that. I wish to place upon all of us here a great measure of moral responsibility for framing a sound, practical, adequate mental-hygiene reconstruction program for the post-war period. I want you to think also of the extraordinary contributions that have been made and that are being made to that constructive post-war program by a closely related program

of action, public health, of which mental health might perhaps be, and sometimes is, considered as a branch.

As an encouragement, and as a spur to greater activity on our part, may I call your attention to the fact that in a relatively very recent period astounding results have been secured, assuring momentum and sweep to the public-health post-war program? Diphtheria in upstate New York is down 99½ per cent since 1926; tuberculosis, which is a tough one, is down 78 per cent since 1907; new cases of syphilis are down 50 per cent since 1936; gonorrhea has started down the toboggan; pneumonia is down toward 50 per cent in the last few years; infant mortality is down 66 per cent since I first studied the figures; maternal mortality, 33 per cent during the last decade alone, after having stood relatively almost stationary for many decades. Where and what are our comparable results in mental hygiene?

Not only that, but there never has been a time within my knowledge when so many additional new weapons were becoming available for wiping out one after another of those diseases that have shortened and confused our lives and made us default on our responsibilities. You can hardly pick up a morning paper without reading of some new and important discovery that promises to enable us to hamstring some other trouble. Not later than this very morning comes the authoritative announcement of—should one say the most widely heralded and useful discovery of all?—a remedy for gray hair. It is para-amino-benzoic acid. And for all I know, this may have very great mental-hygiene value!

Now we come up to that post-war planning which, as some of you know, is going on already in Washington, rapidly and very skillfully, with full knowledge of what is going on in Britain, and from which we have reason to hope and believe that after this war period is over, there may not be that terrific slump which we have been accustomed to think of as the inevitable sequel of a great war.

Have we in mental hygiene a program to lay before the planning authorities who will shape this post-war social program for the country—a program of action likely to secure results in any degree comparable to those that I have men-

tioned in the health field? Have we the knowledge of the subject? I assume we have not as yet.

Have we sufficient knowledge of the origins and causative factors of mental diseases to frame a preventive program in this field? Obviously we have not. In that case, the first necessity is to enlarge our knowledge in this area. Have we agencies of research in psychiatry of such magnitude, finances, and prestige that we can expect them to put into our hands at as early a date as possible the additional knowledge that will enable us to frame an adequate preventive program? By "adequate," I mean comparable to that which has been so brilliantly formulated and carried into effect in so many other branches of public health. For one, I cannot accept for a moment the idea that prevention in the field of mental hygiene is to remain simply a vague possibility. It is something more than that now, but, as compared with the critical importance of the subject matter, it is only a shadowy outline of what we should have.

Are we not ourselves partly to blame for that? Have we demanded agencies of research in this field so loudly and so constantly that public authorities and private resources would be led to devote a suitable amount of funds—and a "suitable" amount would be very large—and of personnel—which, if suitable, would be of the very highest type of ability—comparable to the social harm that mental diseases are causing? Unless and until we insist upon, and secure, research agencies for mental hygiene of such a degree of magnitude, we ourselves are in default.

That appears to me to be the order of the day for the mental-hygiene movement, now and after the war is over.

May we all achieve, in this part of our field, that vision without which the people continue to perish.

THE FUNCTION OF PSYCHIATRY IN THE GARRISON STATE *

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THE impact of the savage brutality which the aggressor nations have been inflicting upon the democratic and—presumptively, at any rate—peace-and-freedom-loving peoples of the earth has had a dual effect. In the first place, there is the effect of the direct, wanton, and indiscriminate assault upon the lives and belongings of combatants and noncombatants alike, a savagery that respects neither age nor sex and that fills us who are still here to witness it with a deep repugnance and horror. One contemplates with genuine apprehension and despair the aftermath of this holocaust which is being instigated by, literally, a handful of paranoic megalomaniacs. In the second place, the victims of this aggression, in response to the primitive urge for survival, are obliged to mobilize all their resources, to subordinate everything, even the most cherished features of civilization and culture, in the service of an adequate counter-offensive. From the point of view of the urgency and the immediacy of the task that confronts the democratic peoples, true efficiency in both the military and the civilian sectors of the population consists in a practically total ignoring of those virtues which characterize the humane and civilized human being, and in the acquisition of a kind of toughness and a disregard for the traditional amenities of civilized living that will assure the achievement of complete mastery over the dangers that threaten.

Moreover, the process of indoctrination that made possible the success of the mad dictators in converting millions of their peoples into blind followers in these adventures of carnage has consumed years of assiduous devotion to an exploitation of everything that the biological sciences could offer, as well as of a lot of cleverly manipulated deceit and humbug in justification of the myths of their racial superiority

* Amplification of remarks made at the meeting.

and of the divine right to subjugate and dominate the rest of the world. The brutalization of their own peoples came in consequence of a slow and insidious poisoning which in the course of time succeeded in eradicating all those inhibitory forces that keep in check the primitive beast within us and that we had come to value as the most precious heritage of centuries of the civilizing process.

The achievement of the task that the challenge of the dictators imposes upon the peace-and-freedom-loving peoples of the earth will admittedly call for a similar hardening of their natures to a tolerance of hostility and aggression as a way of life—indeed, as the attributes whose assiduous cultivation on their part carries the only assurance of survival. I should like to go a step beyond the motive of survival which animates so much of our behavior in peace time, as well as in war time. I should like to invite your attention to that nobler motivation, which may be observed among countless of the victims of the aggressors, irrespective of race or creed, who have discovered and identified the things one should be willing to die for. At any rate, the conditions that are being foisted upon us by the aggressor nations call for a radical modification of our own natures, our own long-cherished cultural values, as well as our patterns of civil government and peace-time institutions, for the duration, at any rate.

To what lengths the modification of the democratic way of life—with its individualism, its coöperation by consent of the governed, and its large element of *laissez-faire*—will go, no one can foretell. Those to whom this way of life has become something very precious—indeed the only way of life worth enduring and struggling for—are already suffering from apprehension and anxiety because of the encroachments upon it our task of defeating the enemy has necessitated.

This necessity for a radical transformation of our natures and of our traditional governmental, regulatory, and administrative institutions, as an inescapable condition of victory over our enemies, constitutes the indirect effect of the impact of the assaults that are directed against us. For the day will surely come when swords will be converted into plowshares, when an exhausted humanity will be crying for the sustenance and succor of the healing and comforting ameni-

ties of civilized living, when compassion, sympathy, love, and charity will be the accepted virtues and not hate and aggression and a callous indifference to the dignity and worth of human life which characterizes the élite in the totalitarian states.

It is with these considerations in mind, no doubt, that Harold D. Lasswell, an eminent student of psychobiological and social phenomena, undertook, in 1937, during the Sino-Japanese crisis, a delineation of the differences between the so-called garrison state and the civilian state. Again, in the January, 1941, issue of the *American Journal of Sociology,* in the far more justified belief than was the case even in 1937 that the world might be drifting towards a displacement of the civil by the garrison state, he offers a more detailed description of the characteristics of the highly militarized state. He expressed the opinion during the Sino-Japanese crisis that if the then existing emergency were permitted to careen from bad to worse, it may be doubted whether civilian institutions would be equal to the strain, with the upshot that the garrison state might displace the civilian state.

The crises of those and subsequent days have long since passed into a settled conviction that only the complete mobilization of all the force, the courage, the morale, and the political wisdom of the democratic states will succeed in rescuing the world from enslavement and domination at the hands of a brutalized horde of fanatics which will stop at nothing in the pursuit of its mad goal. The threat of having to submit, in consequence of the emergency, to the complete governance of our daily life by a military élite, to have the destiny of our personal lives and of our political, social, and economic institutions determined by them, is much greater to-day than it was in 1937.

Time will not permit a detailed examination here of the characteristics of the garrison state, except to point to its central feature—namely, that it is a state in which the specialists on violence are the most powerful group in society. Authority flows downward from the commanders at the top; initiative from the bottom can hardly be endured. One can readily agree with Lasswell when he says that the contempla-

tion of life in a completely militarized state must fill the lovers of democracy with apprehension and repugnance.

The inspiring example of that truly heroic and glorious expression of fortitude and courage which the citizens of London and of the other large cities in the British Isles have been able to achieve; the valor and endurance with which the Russian people are opposing the invading Huns; the continuous evidence among the already victimized nations of Europe of an undefeated spirit, though they suffer terribly under the conqueror's heel; the inspiring evidence of a limitless generosity of spirit and matter in the service of the common cause which is rapidly coming to be the guiding spirit of the people of the United States—all of these manifestations of the essential integrity—one might say, the nobility—of free men should give us faith in the belief that we will be able to achieve the tasks ahead of us without the necessity of a resort to the complete abandonment of those values, those faiths, those free institutions for the governance of man for the preservation of which we are in fact fighting this war of liberation.

By now it has probably occurred to some of you, at any rate, to ask, What has all this to do with the function of psychiatry? The answer will depend very definitely upon the conception one entertains concerning the nature, the content, the scope, and the objectives of psychiatry. If you are satisfied with a delimitation of this medical specialty to its legitimate and time-honored function of diagnosing and treating the well-defined disorders of the mind, if you are temperamentally or otherwise committed to an exclusively somatic etiology for these disorders, you will indeed find it difficult to discover the relation of psychiatry to the issues discussed so far. The present emergency, whether or not it leads to the necessity of living our lives under a completely militarized state, may simply mean an increase in the number of casualties requiring our attention. Indeed, the "state of emergency" in which we are living day in and day out is already increasing the psychiatric burden, both in the military and civil population, and a great shortage of psychiatric personnel is already being felt everywhere.

But the tasks of psychiatry assume altogether different

characteristics and proportions if one approaches them from the field-theoretical point of view, giving equal consideration to the somatic, the biological, the psychological, and the sociological issues that enter into practically every psychiatric problem. As a matter of fact, no mental hygiene, no preventive psychiatry will be possible, unless as psychiatrists we take as the objects of our legitimate concern the entire man in all his relationships, and unless we give due consideration to all the phenomena, cultural as well as physiological, that have the capacity to affect attitude and behavior.

The psychiatrist of a generation ago might have found it much easier than would be the case to-day to suspect that a higher type of integration than physiology had been able to demonstrate enters into the determination of human conduct. While in some ways the contributions from the fields of physiology and biochemistry of the past twenty years tend to support the materialistic viewpoint which came to fruition about the middle of the nineteenth century, other fields of knowledge—particularly the contributions from the side of genetic and dynamic psychology, integrated through the efforts of forty years or more of psychoanalytic psychology, definitely stress the inadequacy of a purely mechanistic approach to the understanding of man. At any rate, we no longer run from the concept of teleology in human behavior as the devil runs from holy water. Viewed wholly and completely, both as a function of his environment, as well as a creator of it, man as a social being transcends the various physio-chemical processes which enter into the functioning of a biological organism, the "whole" being greater than and different from the sum of its parts.

I shall not burden you with any further elaboration of this thesis, with which I am sure you are fully acquainted. But if psychiatry and mental hygiene are to influence the main task of our day—namely, the promotion of the necessary morale, courage, and integrity of our people for a successful counter-offensive against the hideous assault upon us—we must explore these disciplines to the fullest for available techniques for the furtherance of the above mentioned end. The extraordinary examples of courage and fortitude of the English people in the face of the imminent threat to their

survival is not due entirely to their fine native intuitions and characteristics. These qualities are being assisted also by deliberate techniques based upon sound psychological principles. The present emergency—even if we do not go all the way with Karl Menninger, when he designates this a "psychiatric war"—imposes upon us the necessity of mastering hitherto unprecedented psychological assaults upon our morale and our integrity as a nation. Kimball Young, to whom and to whose associates in the Committee for National Morale, we are indebted for a pretty full and pretty accurate measure of our enemy, describes the Germanic theories of warfare as something awesome, strange, other-worldly.

The technique of psychological warfare that the Germans have developed in consequence of many years of an assiduous exploitation of everything that the biological sciences had to offer, and that is clearly directed towards an indoctrination of its people with the myth of racial superiority and the divine right to subjugate and dominate the entire world, calls for extraordinary counter-offensives. In so far as these counter-offensives depend upon the morale, the will, the integrity of the people who oppose these megalomaniac delusions, and upon an abiding faith in their own cultural patterns they become largely psychological counter-offensives. If we, as psychiatrists, are to fulfill our tasks in connection with these counter-offensives, we must be willing to entertain the possibility of a need for a considerable modification of our traditional insularity of consultation room and clinic. There should be no threat whatsoever to one's professional or personal dignity in an active participation in the dissemination of the required ideological counter-offensives.

Surely as psychiatrists and advocates of a preventive psychotherapy and mental hygiene, we cannot remain indifferent either to the direct effects upon our people of the totalitarian methods of psychological warfare, or to its indirect effects in the nature of a serious threat to our democratic institutions, our democratic way of life as a free people. We know something of the necessary ideological counter-offensives. We known something of the techniques of influencing attitude and feeling in the individual. We must apply ourselves to the discovery of methods for the

application of consultation-room techniques to ever larger groups of people. We known something of the differences between real fear and anxiety and the neurotic type of these destructive emotions. We possess considerable insight into those attributes of the nature of man which favor the disruption of the unity of the individual, which lead to divided and antagonistic loyalties within the soul of man. We know something of man's habitual reactions to thwarting and frustration, and of those vicissitudes of life which may so distort our natures as to convert us into our own worst enemies, bent upon self-defeat and self-destruction. We know something of the nascent Hitlerisms and Quislingisms within our own natures. But our insights are not confined to these catabolic or destructive aspects of our natures. We have also learned something of the anabolic or constructive forces within the nature of man. We must find the means of making our people aware of the strengths within them, and of putting this awareness to use in the service of our common tasks.

We need have no recourse to philosophical preoccupations with the nature of that something which we call morale. We may confidently entrust our tasks to the hands and minds and hearts of those who, on the evidence of common-sense psychiatric assessment, have achieved a satisfactory degree of physical, mental, and moral integrity, and who, either in consequence of their own efforts, or because of some specific aid extended to them from without, know what they are driving at and how to get there in the quickest and safest manner. We may find it profitable to explore the possible differences between morale in the military organizations and the thing we think of as civilian morale. The manifestations and implementations of the former are probably subject to a rigid predictability as regards timing and direction, whereas in the latter case it may be safer to concentrate on attitude and esprit and leave a good deal of freedom for the exercise of individual initiative and individual resourcefulness. It would add materially to the efficiency of the techniques already employed by existing morale-making agencies if we could put at the disposal of their organizational units the experience of the teamwork efforts of our child-guidance and other communal psychiatric clinics.

I should be negligent in the performance of my task if I did not invite your attention to the mental-hygienic implications of the wise, humane, and courageous leadership that issues from the White House at Washington and from Downing Street in London. When Mr. Churchill told his people that all he could offer them was sweat and toil, blood and tears, he did more toward converting them to the required realism for facing their difficulties than all the psychologies in the world could have done. Similarly, history will surely record the important—indeed, the indispensable rôle in the ultimate defeat of Hitlerism of the philosophies and faiths that have governed American domestic policy during the present administration. Its emphatic and practical devotion to the preservation of the dignity and worth of the human being, though he be the long-forgotten man; its recognition of the devastating effect upon the integrity and well-being of the individual as well as of the nation of economic and social insecurity; its direct and practical response to the urgent and critical needs of millions of our people, young and old alike, who found themselves, through no fault of their own, utterly not needed and utterly not wanted in the scheme of our social fabric; its devotion to an eradication from our culture of racial and religious prejudice, thus pointing to the inconsistency of a belief in the common fatherhood of God and a disbelief in the brotherhood of man—all these characteristics of the political philosophy of our present national administration, history will surely record as the matrix that nourished the courage and fortitude and the faith in our democratic way of life which was needed for the ultimate defeat of Hitlerism.

The mental hygienist as well as the psychiatrist cannot be indifferent to these broader issues in the governance of a people. It does make a great difference as regards the mental health and the integrity of a people whether the forms of government under which they live are syntonic or dystonic in relation to their aspirations and ideals. To all but those with little imagination, few susceptibilities, and fewer ideals, to paraphrase Crichton Miller, life under a completely militarized state would be decidedly dystonic and provocative of the kind of thwarting and frustration that commonly lead

to mental invalidism or the exhibition of a rebellious hostility and aggression. Similarly, the necessity for a too-radical abandonment of our democratic institutions and the acceptance of the rule of the totalitarian dictator would call for a kind of radical personal adaptation which many of the most useful and valuable of our people would find it very difficult or even impossible to make. What can we, who practice the profession of psychiatry and mental hygiene—and who, with all the modesty in the world, may still consider ourselves the élite among those who promote and protect the meliorative and humanizing virtues of civilized living—what can we contribute toward a warding off of the possible need for the sacrifice of democratic ways of life in the service of a victory over the enemy?

Having arrived at this point, I fully realize that it would be highly presumptuous, to say the least, for me to undertake to chart, even in gross outline, the design for living during this emergency. I certainly would hesitate very much to offer whatever counsel I'm capable of to other than the people of my own country. Nevertheless, the principles that govern mental-hygiene efforts, and that have been found to be sound and dependable in the field of preventive psychiatry, have a general if not a universal application, at any rate among kindred peoples. All the enemies of Hitlerism have by that very fact become kindred in our day of stress and strain. We must achieve a unity of purpose—that is clear. We must make ourselves clearly and completely aware of the things we are fighting against, but also of the things we are fighting for. Our fidelity to the ideals and aspirations that in the long run will sustain us and carry us to victory must be made unswerving and the very essence of our existence. Everything therefore, within ourselves, everything above and beneath and around us that might tend to weaken our faiths, must be unconditionally eradicated.

Among the outstanding enemies to our faith in the things we have consecrated ourselves to serve to the very end are fear, doubt, suspicion, and feelings of guilt. Since by now, at any rate, we should know our enemy quite fully, we should be able to focus and direct against a clearly defined evil the hostile and aggressive impulses of our natures that are

increasingly clamoring for release as the revolting indignities of the totalitarian assaults upon humanity accumulate. We need to promote by whatever means we may be able to discover this canalisation and specific direction of our hostile feelings and our aggressive energies. We must learn—regrettable as this surely is—to still within us, for the duration at any rate, those contrary feelings of love, charity, and compassion toward anything that concerns the enemy.

Paradoxically, we might call it fortunate that there is ample room for the exercise of the beneficent impulses of our natures in connection with the countless victims of the aggressors. We must avoid by all means the emergence of a crisis or panic psychology in our midst. If it should ever become necessary to resort to an appeal to the deep-seated sources of anxiety, fear, and guilt within us in the hope of thus elevating to the proper pitch our state of awareness of the dangers that confront us and our readiness to do something about them, we must also be ready with a well-charted design for combating and mastering these dangers. To excite enthusiasms or anxieties without being fully prepared to furnish adequate and practically useful outlets for them may act as a boomerang. We must discover the means for a thoroughgoing unification of our people through every available channel of appeal.

A very dependable aid here lies in the emphasis of participation in the common effort. Every man, woman, and child, say over fourteen years of age, must be attached to a specific, clearly defined task, and every task thus allotted must be shown to have a direct or indirect relation to the main job of overcoming the enemy. As I speak to-day, our skies are unfortunately clouded with ominous partitive tendencies within our midst. Conflicts between political and social groups, between capital and labor, between antagonistic principles within organized labor itself are imminent threats to our unity and integrity. Students of the Germanic type of psychological warfare are fully aware of the rôle which the psychological assaults of our enemy might be playing in promoting this disunity and confusion that still exist among us. It is truly incomprehensible that practically none—or at best, only very little—of the techniques of the consultation

room of the psychiatrist or the psychologist are being utilized in efforts to eliminate these disruptive tendencies.

A long-range view of the matter may still enable us to find satisfaction in the knowledge that whatever progress we have already made in the political, economic, and psychological unification of our peoples has been achieved by means of the democratic methods of free discussion and consent instead of authoritarian dictates. We have not found it necessary—so far, at any rate—to stifle opinion, to curb the press or the radio, or to interfere with the egocentric exploitation of the national emergency on the part of a few frustrated and unhappy individuals in our midst whom circumstances happen to have elevated into positions of prominence of one kind or another. But we must not hesitate to put aside some of these democratic devices, should the emergency force upon us the necessity for doing so. We must not permit the obsessional devotions of a fanatic fringe of our communities to divert us for an instant from the need for absolute unity of purpose and action.

But we shall deal with these difficult people humanely and melioratively. Crichton Miller, speaking of the irrationality and cruelty of war says, "To the great majority it presents a continual call for heroism, not merely to face death, but rather the fear of death which permeates the atmosphere which they breathe. Some there are who turn their backs on that fear and consciously escape into distractions, indulgence, and excitement. But more are blindly trying to escape from the challenge through some sort of face-saving invalidism. It is our business to open their eyes to this situation, but let us at the same time help them to save their faces." This is precisely it. The grousing, the resistances, even the open rebellions against the restrictions and deprivations which the emergency may come to impose upon every one of us, may be nothing more dangerous than a face-saving device, in an effort to find some workable adjustment among conflicting loyalties and ideals. We cannot expect of our men and women a precipitous shedding of the habits of a lifetime, and have them accept without resistance radically different attitudes and viewpoints.

We are clearly faced with the task of steering our boat between the Scylla of a too-violent or too-radical abandonment of our cherished democratic ways of life and the Charybdis of the urgent need for a rigid disciplining of ourselves and of a submission to a far-reaching regimentation. We need not have any anxiety as to how the democratic people of the world will react in the end. But we might learn something about successfully weathering these squalls which we will encounter on the way by examining some of the principles upon which we depend in our child-guidance technique.

Anna Freud—who at this very moment is so generously repaying for the asylum which England extended to her and to her illustrious father through her devotion to the needs of the generally disorganized child life of that sorely tried country—did us a great service in emphasizing the essential differences between the tasks of the rearing and the education of childhood. During the rearing period of the child's life—that is, during early infancy—the emphasis must be put heavily on indulgence, on tolerance of things that cannot be tolerated later—in short, on a kind of saturation of the child with all the gifts that love and devotion can muster in its environment. The education of the child, on the other hand, initiates the beginning of a never-quite-ending practice in the art of enduring privation, denial, and the postponement of gratification to an ever-receding future. The child, in short, who up to now has been enjoying the satisfactions and indulgences that govern the pleasure principle of life, must now become acquainted with the reality principle of living, according to which a growing capacity for tolerating privation and denial becomes an indispensable condition of life. I shall not dwell any longer upon the analogy of all this to our immediate task of educating our people to a tolerance of the necessary sacrifices, to an adequate adjustment to the reality of our day, except to interpolate the old adage that you can surely catch more flies with honey than with vinegar.

We shall also promote our aim if we keep in mind the necessity of somehow doing all that the main task of our

day requires with the least amount of violence to the natural satisfactions that keep human beings human. Every human being must find in connection with whatever engages his energies and thoughts in the routine of daily existence some degree of satisfaction of his need for a sense of security, of his need for achieving some degree of recognition from his fellow men, of his need to experience a sense of belonging, of being needed and wanted, and of course no one can thrive very well under conditions of serious sexual privation. It is our legitimate business to emphasize to the authorities the importance of these issues as morale-making factors, and the fact that lack of opportunities for satisfying them constitutes a serious enemy to morale.

One could, as you well know, go on indefinitely exploring the resources of psychiatry and mental hygiene for their worth as aids in achieving the ends to which we are consecrated as freedom-and-peace-loving people. Obviously, we cannot do so here. At last year's annual meeting of The National Committee for Mental Hygiene, the venerable and beloved Dean of American Psychiatry, Dr. Adolf Meyer, significantly reminded us that "the dice of fate are being rattled in the hands of a few personages, ready to cast what may determine a long-time fate of humanity. It is our duty and opportunity here to make this more than a gamble." We must not permit this reckless gambling with our destiny. This dreadful thing will not happen if the democracies succeed in mobilizing all their assets and in directing them to the required tasks. Let us see to it that psychiatry achieves the status of a significant and practical asset in this total effort. The record of the kind of things that The National Committee for Mental Hygiene has stood for and fought for during the course of an entire generation and more should put us entirely at ease as regards the safety and competence of its leadership in the present emergency.

REMOBILIZATION VERSUS DEMOBILIZATION

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WHEN we consider from the mental-hygiene point of view what happens when armies are disbanded, it is obvious that the term "demobilization" fails to describe the process adequately. Men do not become immobile when they leave the army; they are supposed to begin living again. From the military point of view, the army stops moving and is demobilized. From the civilian point of view, men who were immobilized by the army must get going again, must be *re*mobilized.

Remobilization, in this sense, has mental-hygiene implications. Study of the mental-health factors in infancy, in childhood, and among adults has demonstrated that healthy development is a continuous process in which the solution of each day's problems rests upon the accumulated traces of a past experience. The measure of adequacy of mental-hygiene training is the extent to which past experience provides the individual with skills and defenses suited to the demands of the culture in which he lives. If this continuous process is broken, or if the step-by-step development is twisted so that one step does not prepare for the next, the individual may find himself confronted, at some point in his life, by a barrier he can neither reach over, avoid, nor charge through. At that point mental-hygiene problems arise. You will note that military training introduces two disturbing factors—interruption of an orderly process and an unsuitable training program. You will also realize that the time in the individual's life at which the interruption occurs is a factor of vital importance. It is with these three factors in mind that we should consider the mental-health problems created by military training and by return to civilian life.

Which factor is the most important—interruption to the process of development, the peculiar effects of army training, or the stage of development the individual has reached when these other two factors become operative—is a matter that

varies from case to case. If our discussion is to have some aspects of orderliness, we shall have to consider these elements one at a time.

Because military experience is the common constituent in all cases, it will be well to start with a consideration of some of the important aspects of military life. The phrase, "The army will make a man of him," is particularly significant because the army may do just that. The young apprentice, the student, or the very junior assistant, who has been living at home, more or less dependent upon his parents financially and still not completely weaned emotionally, goes into the army, breaks his home ties, competes with his fellows on equal terms, accepts personal, but limited responsibility for his behavior, and, even if he is not exposed to the maturing horrors of actual warfare, comes home a man.

The army has made a man of him, but the job has been done within a mold of discipline. He has become a man, but, if the army has done its work, he has become an obedient rather than a free man. At once we are confronted by the mutual antagonism between obedience and responsibility. In civil life, in the ordinary course of events, developing maturity is accompanied by a slow loosening of family ties, by a gradually increasing independence and a parallel growth of personal responsibility. In the army these three steps do not keep pace. Family ties are broken at one sweep, maturity is forced, but independence and personal responsibility tend to be stunted by discipline. Regulations and not personal decisions are the guides to conduct. Even when a man is promoted to a position of command, his responsibility runs downward rather than upward. If he and his unit accomplish their task, he cannot be held responsible for failure of the maneuvers. In civil life he must both plan and carry out his own campaign. There is vast difference between these two grades of responsibility.

Here we have two of our three factors at work. The normal developmental rhythm has been broken and the particular type of training has given a skew to what should have been balanced factors. It is obvious at once that timing may change this picture materially. If the man does not enter

military service until he has developed maturity, independence, and responsibility, the orderly processes of growth may not be interfered with. Such a man has already learned to plan for himself. He may have to abandon his planning and accept regulations as a substitute, but when he returns to civil life, he can begin again to practice an art he already knows.

The younger man—the student, the apprentice, the junior clerk who can spend his entire week's pay on Saturday night and still eat next week—is in a different position. In the military service he may become a man, but he has no chance to learn complete adult responsibility. Readjustment to civil life will be no simple problem for him.

To this extent the timing of a man's military experience in relation to the degree of maturity he has attained may have a marked influence on the problem presented by demobilization and remobilization. Timing has, however, another important effect. The entire present-day trend is to prolong the period of economic dependence further and further beyond the period of physical maturity. Few professional men can now support wives before they are thirty. The delay is somewhat less for groups requiring less training, but is still considerably longer than it was a few generations ago. The effects of this delay are already quite obviously reflected in changing attitudes toward sex customs. Further delay of economic independence and marriage, due to prolonged military service, is an element that must be considered in any future planning for men leaving the army.

Still another element of timing must be considered. In the normal course of events, a man moves from position to position, assuming responsibility, acquiring seniority, and frequently increasing his income from year to year. In civil life, the job grows with the man and the man's standard of living grows with the job. When a man goes into the army, you can hold his job for him, but you cannot put the same man back into it because the man has changed. The two just will not fit. This has been shown very clearly in some of the attempts to put men who have had war experience back into college. The calendar may show that they are only two

years older than their classmates, but they are men and the classmates are students or children. For many men this situation is too unreal.

None of these factors act with equal force on all groups. It is possible that this difference may give a clue to the nature of the necessary planning. If we begin with the strictly rural, agricultural group, these differences become plain at once. On a farm, neither seniority nor complete financial independence from the parents is an essential asset. The strong young man who has grown up on a farm can take his place there and by his greater physical ability compensate, to a large extent, for the wider experience of his elders. The family farm frequently increases in value if another member of the family returns to work. Economic independence and the right to raise a family are more easily attained. Financial returns may be small, but forced competition on equal terms with obvious juniors is avoided and the delay in assuming a normal place as the head of a family is materially shortened.

What is true of men returning to family farms is also very largely true of farm laborers and to an only slightly lesser extent for factory and mill workers, except that for them the matter of a place for a family becomes increasingly difficult as the urbanization of their community increases. Work for skilled mechanics tends to depend more and more on seniority and on continuous training at some particular skill. If the man has acquired the skill fully before military service, his return may not be difficult, but if training has only been begun or if skill has been only partly acquired, then that man will be forced to compete with or to work under men whom he feels to be his juniors. Again, the man will have grown and the job will have stood still.

Much of this difficulty may be compensated for by technical training in the army. During peace time this can more than balance any disadvantages, but during war the military service cannot be made a training school for civilian techniques. Such techniques may be acquired incidentally, but the vast majority of men will have to pick up their technical training where they dropped it on entering military service.

When we think of the white-collar men, the clerks and

salesmen and agents working their way up through big businesses, or the owners of temporarily abandoned small businesses, the stationary job and the moving man become even more conspicuous. The young professional man, whose education now covers an almost unbearably long time, is in an even more difficult position.

The validity of this discussion rests on two assumptions. The first is that we are dealing with men who were mentally healthy at the time they entered service and who leave the service without serious damage. Any plans for demobilization must treat damaged men as a special problem.

The second assumption is that the economic and social standards of the world as we know it will continue to exist in approximately their present form. This is certainly a false assumption, but, since we have no precise information as to what the world will be like, we must either make plans based on present conditions or admit failure and trust in fate. In any case, the plans we make must be such as to allow for wide social changes and must aim to provide, for each individual, the best possible equipment with which to meet the novel and the unexpected.

No psychiatrically minded person has any doubt as to the major constituent of this ideal equipment. We all know that the individual who possesses a sound sense of personal security, who feels that he can cope with the ordinary problems of comparison and competition about as well as his peers, who is comfortably sure of his reception by his fellow man, is able to face extraordinary and unusual circumstances far more easily than his less secure companion. This should give us a clue as to planning.

Restated, our problem is not too complex. Primarily it consists in remobilizing men whose orderly process of development has been interrupted. The stage of development that the individual has reached at the time the interruption occurs is of importance. The problem rests more heavily upon the younger men who have not yet attained full adult independence and responsibility, and probably varies in intensity as we move from the agricultural group through the mechanical trades toward the white-collar jobs and the professions.

In the very simplest terms, the man in military service

develops unevenly and the position he left at home does not develop at all. Because of this lack of orderly progress, the individual is confronted with new and unusual problems for which neither his previous training nor his military experience has given him any aptitude.

If these assumptions are correct, it seems that plans to meet the problem of demobilization might be limited to urban areas and focused on those individuals who belong educationally and occupationally in the skilled mechanical group or above. Actual work should include three items. First, everything possible should be done to develop, in the returning men, a sense of personal security and a feeling of belonging, not to a demobilized military group, but to an actively developing civilian group. Second, the returning men should be given every opportunity to plan for themselves and to assume full responsibility for the results of this planning. Third, the man should return, not to his old job, but to a job that has grown as the man grew.

Such plans can be carried out only by local organizations, which should include individuals with a vital personal interest in the program. A logical nucleus would be the parents of the demobilized man. They will need psychiatric guidance. This presents a challenge to psychiatric leadership.

THE CALL OF THE CRADLE

SOME PSYCHIATRIC PROBLEMS OF DEMOBILIZATION

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"Backward, flow backward, O tide of the years!
I am so weary of toil and of tears,—
Toil without recompense, tears all in vain,—
Take them, and give me my childhood again!"
Elizabeth Akers

THREE years, four years, five years from now, at the ending of a war just beginning, several million American males will be discharged from military service and returned to civilian life. If some of the tragic mistakes that marked this transition at the close of the last war are to be avoided—mistakes for which all of us still pay dearly—then it is none too early to place past experience and new knowledge in the service of post-war planning.

Britain knows this and for more than a year has assigned some of its most thoughtful minds to the task of drafting rehabilitation plans. Washington knows it also and seems determined to cope vigorously with this problem of national readjustment that is certain to be precipitated by the signing of a peace. It is a multi-faceted problem whose solution must be sought by many minds of many skills. It touches on every vital aspect of national life—industrial, economic, social, and personal—and the wisdom with which it is attacked will determine in major degree the shape and course of events in this country for generations to come.

Not the least important facet of this problem is the psychiatric task that will be necessitated by demobilization. By a sort of natural grouping, this task divides itself into two related parts—first, the multitudinous technical problems connected with taking care of the psychiatric casualties of the war, and second, a grappling with the broader social-psychiatric problems that arise out of the efforts of ex-sol-

diers in general to become reabsorbed and readjusted to civilian life. It may illuminate the total picture more clearly if this second part is discussed first and a background limned against which the rehabilitation of the psychiatric casualty will stand out sharply.

I

It is trite indeed to say that, once freed from military obligation and back in his community, the recently demobilized soldier is faced with the need for making arduous adjustments. The nature of most of these is obvious. Clearly, he must find means of support, whether in industry, on farms, in white-collar jobs, or elsewhere; he must find acceptable civilian sublimations for the aggressiveness released and encouraged by a belligerent war psychology; he must assume the ordinary relationship responsibilities of adult life—marriage, parenthood, or the care of dependents. Most arduous of all perhaps, he must face the need for independence, initiative, self-management, and self-discipline in a milieu that no longer throws about him the protecting mantle of security that comes from a regimented life amidst the solidarity and mutual assistance of a group participating in the close cohesion of a common enterprise. These needs for adjustment are, to repeat, both obvious and inescapable if absorption into the peace-time life of the community is to succeed.

But what equipments of personality, intelligence, health, and emotional development will the ex-soldier possess with which to meet these needs? Obviously again, these equipments differ enormously in individuals. But if it is permissible to envisage a composite ex-soldier, more or less representative of all, then there would seem to be certain common denominators that characterize him as a national figure. For example, on the asset side he will be more literate than the soldier of World War I; he will be more widely read, and his formal schooling will have been longer continued. His physical condition will, on the whole, probably be better than that of his colleagues of two decades ago, although preliminary selective-service findings, with their more stringent medical standards, suggest that this improvement is not great. It is probable also that his I.Q. will be

somewhat higher, due possibly to a generalized rise in national intelligence, or, as others are inclined to believe, to more rigid methods of selection which tend to eliminate a higher percentage of intellectual dullards.

This composite ex-soldier, by comparison with his mate of twenty years ago, will have also an increased sensitivity to social problems—trade unionism, social security, old-age assistance, and the like. This will be due doubtless to many factors characteristic of our contemporary culture, including governmental educational campaigns, as well as the emphasis placed in recent years by public schools in their curricula on civic and social problems. Still another advantage our ex-soldier of the future will have over his 1918 prototype is a wider acquaintance with the mechanical skills demanded by a civilization that places ever-mounting emphasis on industrialization. Trade schools, apprentice-training courses sponsored by huge corporations, and, not least, on-the-job mechanical training in a mechanized army and navy—all these will have served to give this military man on his return home a fundamental familiarity with skills that—if he possesses any mechanical aptitude at all—may be capitalized in peace-time industry.

II

But do these assets, valuable as they are, offset the liabilities that our demobilized soldier is likely to bring to his task of post-war adjustment? These liabilities promise to be many and will not be made less onerous because they happen to lie chiefly within the realm of the subjective.

In the first place, the demobilized soldier entered upon the present war burdened by a heritage of disillusionment about the "noble" purposes of the first World War, about its failure to "make the world safe for democracy," or in truth to have been "a war to end wars." Out of this disillusionment grew a measure of cynicism and lack of faith in designated national leaders that combined to make this country's first peace-time conscription a touch-and-go experiment of infinite hazard.

Burdensome as was this heritage of disillusionment, our composite ex-soldier approached the present conflict with an

even more grievous conditioning—a depression-born philosophy of dependency nurtured in that appalling 1929–39 decade. Only the historian of a century hence will be able to trace accurately all the effects on our national life of those ten years of economic depression and their programs of public relief. But if we are still too close to the picture to discern all of the effects, some at least are painfully visible. Every psychiatrist and social worker still deals daily—and will continue to do so for years to come—with patients and clients who have succumbed to the widespread philosophy of dependency forged in that era. And a substantial percentage of the soldiers who some day are to be demobilized are the natural products of that depression and of that philosophy.

It is an insidious thing, this yearning for dependency, albeit a human, understandable one. It resides in latent form in every individual as a carried-over remnant of infantile dependency on parents or parent symbols, and it tends to burgeon into overt expression when life becomes difficult and responsibilities heavy. Some one has picturesquely termed it "The Call of the Cradle"—that siren voice from within that tempts us all, in the face of frustration, hardship, or the need to make decisions, to return to the protecting arms of mother or father—a parent who will take care of us, relieve us of responsibilities, and tell us what to do. The ambivalence of adolescence gives a peculiarly tempting quality to this Call of the Cradle. This age period marks the later stages of a progressive emotional development in the direction of emancipation from childhood dependency on parents. Even the best adjusted of adolescents—not yet a man, but no longer a child—is torn between conflicting desires—an eagerness to go out and meet life and master it, alone and unafraid, versus a longing to cling to the care-free, protected days of childhood, when responsibility was but the vaguest cloud on a distant horizon.

In lush times, when life is easy and the going smooth, most adolescents (and adults, too) find little difficulty in resisting the Call of the Cradle. But let hard times grip us and the story is different. Outlets for budding creative energies then close up, opportunities dwindle for achievement that brings recognition and security in its train, competition

grows more ruthless, and frustration of natural impulses and needs meets every sally toward freedom and independence.

Small wonder, then, if the adolescent's efforts to burst his final shackles of childhood dependency falter and finally are abandoned in a willingness to sink back and seek some one on whom to lean.

Tens of thousands of to-day's adolescents who are to-morrow's soldiers spent the most formative and susceptible years of their lives in an emotional climate tempered by a temptation toward dependency. Unemployment and privation stalked the land in the depression decade, and only a program of vast public relief could be depended on for the bare necessities of existence. Many of these then children can never remember a steadily employed father or a time when the family life did not center around the weekly food basket or check from the relief bureau. Equally many of these adolescents never themselves worked for wages, and legions extended high-school or college courses as substitutes for jobs that were not to be had.

Under the circumstances, large numbers imperceptibly began to endow the relief bureau—and, more remotely, the "government"—with parental qualities of support and assumption of responsibility, as the Call of the Cradle grew more insistent. In consequence, the journey toward adult maturity and independence of countless thousands of young people slowed down under the necessity for yielding up some of the freedom they were just beginning to win in favor of a return to dependency.

What is said here implies no criticism of the purposes of programs of relief. There are many, including this writer, who are convinced that our nation could not have survived those disastrous years without "relief." But recognition of its need and appreciation of its value cannot obscure the fact that while "relief" went far to solve one national problem, its implicit—if unavoidable—invitation to dependency created another of even more enduring complexity.

III

Be that as it may, ten years of socio-economic depression has not been the sole ingredient to go into the making of a widespread temptation to dependency. Another, even more

profound, though perhaps more remote, factor seems also to have heightened the allure of the Call of the Cradle for many. I refer here to a theory as to man's desire for independence in contrast to his ability to support its burden, once obtained. According to this point of view, man's cultural growth would seem to proceed in a sort of cycle, alternating between slavery and freedom. For example, for the past thousand years or so, man (European man, at least) has been struggling to secure freedom and independence for himself. At the beginning of this cycle, his struggle was the primitive one to free himself from physical slavery. He revolted, he fought, he bled, he died, but centuries later his corporeal freedom was won and he found that he had attained to the status of a serf, bound to a feudal baron. Improvement as this was over his earlier state, it fell short of that utter freedom to whose attainment he committed himself with a fierce, obsessional determination. Step by painful step, he struggled on to gain political freedom, judicial freedom, and a measure at least of religious and economic freedom. For practical purposes, the cycle had been lived through and completed.

But man's shout of triumph, when at last he found himself independent, changed quickly to a groan of dismay. With the "blood, sweat, and tears," to be made famous as a phrase centuries later, he had liberated himself from one oppression only to find himself caught in the fetters of another. He had gained independence, to be sure, but in his obsession for this boon he had overlooked what should have been obvious—that with independence goes inescapably the need for assuming responsibility for its maintenance. As a slave, he had been fed, housed, and clothed to varying degrees; his decisions had been largely made for him; he had been protected by his master against civil aggressions from others; he had been told exactly what to do and when to do it, and had been relieved in large part from the necessity for thinking about anything except the immediate task in hand and obedience to orders.

Now, with no master to do these things for him, he had to do them for himself. And ill-prepared he was. At first he was undaunted in the joy of his new-found freedom. If at

times his exaltation caused him to go too far and to overcompensate for his dark centuries of bondage, he accepted punishment for his excesses philosophically and charged his hurts to experience. Also at first, he found the shouldering of self-responsibility not too irksome. Life still was relatively simple. Science and technological development were just beginning to be placed in the service of humanity and had not yet outstripped man's ability to understand them. And even though uneasy rumblings could be heard now and then, governmental and political philosophies still retained a simple naïveté, judged by present standards.

So for a time all went well. But as various disciplines of scientific and philosophic thought began to grow by leaps and bounds, as heresies and doubts over comfortably long settled questions raised their heads, and especially as technical inventions multiplied, man grew apprehensive. Had he created a monster to destroy him? All these "aids to civilization" injected new complexities, new necessities for adjustment in the Elysian fields of freedom. A handful of bold-thinking geniuses were inventing machines that, while adding to the comforts of physical existence, nevertheless proved so intricate and non-understandable to man that although he enjoyed their use, their operation gave rise to suspicion that their ultimate and concealed purpose was in some way to reënslave him.

And so the responsibilities of independence mounted bit by bit, until man chafed under the burden. Perhaps the old days were not so bad after all; perhaps it had been a mistake to take on this grievous yoke of self-government and self-direction. Times were hard; unemployment was rife. The Call of the Cradle began first to whisper, then to shout. Weary, disillusioned, man remembered with wistfulness when little was demanded of him but work and obedience. If only a symbolic father would appear once more to take care of him, he would willingly exchange his independence for the boon of surcease from responsibility. As a result, he created for himself such a father in the figure now called a dictator, and the result is shaking the world to its foundations. The ensuing philosophy of dependency demanded by that dictator has been elevated in some lands

to the dignity of social acceptance, and those recalcitrant spirits who oppose it are given short shrift.

So our soldier who is to be demobilized some years hence enters upon World War II with a mind-cast more or less receptive (whether he realizes it or not) to the blandishments of a dependent status. And in all likelihood his several years of military service may well enhance this. War, with its military need for obedience to orders and its consequent subordination of individuality, independent thinking, and self-direction—except in relation to purely tactical responsibilities—offers scant incentive to adolescents who need for their own salvation to complete their emancipation from childhood dependency on parental symbols.

The last war constituted a two-year holiday from adult responsibility for many thousands of soldiers who, on discharge, found it impossible to resume the interrupted journey of their emotional development. Evidence of this is found in veterans' neuropsychiatric hospitals, which, twenty years later, are brimming over with men technically classified as "psychiatric casualties" because they have found it necessary (unconsciously, of course) to escape into some type of emotional illness that will justify, within the environment of an institution that personifies to them the sheltering arms of a parent, a continuation of absolution from adult responsibility.

It will be difficult, but not impossible, to avoid a repetition of this tendency toward regression at the close of the war. Much will depend on the kind of national life—social, economic, and political—in which our demobilized soldier will find himself when he returns home. But some of it will depend also on the kind of individual treatment to be accorded this future veteran of the wars. And it is at this point that psychiatry believes it has a contribution to make.

In the first place, more official attention is being given to-day than in the last war to screening out the potentially psychiatrically unsuitable selective-service registrant at the point of intake. Draft boards in every part of the nation have had psychiatric advisory assistance made available to them for this purpose. That such assistance is not invoked as often as desirable, and that both medical and military scep-

ticism sometimes is voiced about its value, does not lessen its basic importance.

In 1917 psychiatrists were able to undertake this screening process only *after* a man had been inducted into service, thus making the government liable for the costs of his institutional or other care and for his disability payments, in the event of mental incapacitation. Even so, archives at Washington disclose that psychiatrists of that time identified some 72,000 soldiers who were regarded as potential or actual psychiatric misfits, and discharged them to their homes or otherwise nullified their hazard to healthier combat troops. Nevertheless, these soldiers, as well as thousands more who "broke" under the various kinds of military strain, constitute a claim on the sympathy and pocketbook of every taxpayer that rapidly is assuming astronomical proportions. It is estimated that each soldier who becomes psychiatrically disabled costs the taxpayer $30,000 in hospitalization, insurance, and disability payments. Already, something more than *one billion dollars* has been spent for the care of this type of casualty alone in the war of 1917–18.

What can be done to lessen this staggering cost in the years following the close of the present war, without lessening the nation's humane obligation to its veterans? As I have said, a more stringent screening out of the potentially unfit at the point of intake and before obligation is incurred would seem the obvious first step. Another might well be the adoption by rehabilitation organizations—both governmental and private—of wiser and more far-seeing policies toward certain classifications of psychiatric casualties. While a large number of classical psychoses were found among the veterans of the last war, the overwhelming majority of psychiatric conditions were in the field of psychoneuroses of various sorts—so-called "shell-shock" or crude hysterical manifestations, multi-symptomed anxiety states, hypochondriacal attitudes with myriad somatic complaints, psychopathic personalities, and the like. Methods of treatment of these conditions naturally varied, but part of the therapeutic process in nearly all of them included at some stage or other an attempt to lessen preoccupation with symp-

toms and the instillation of incentives to get well, or the removal of psychogenic obstacles in the path to that goal.

But well-meaning rehabilitation agencies all too often defeated these therapeutic efforts. Ex-soldiers, finding the difficulties of civilian adjustment so arduous that they were required to transform their anxieties and worries into somatic symptoms, were encouraged to connect their disabilities with war service; elaborate and repeated medical and psychiatric examinations served to focus continued attention on symptoms; generous schedules of monetary compensation were granted so long as disabilities lasted by a patriotically grateful government (spurred on, to be sure, by demands from powerful veterans' pressure groups), and wholesale vocational retraining programs were instituted.

As months and years passed, ex-soldiers repeatedly were notified that time limits were being placed for the filing of disability claims and an invitation was implicitly extended to make—or to increase—such claims. To a demobilized soldier, weary and discouraged over the hardships of adjusting to civilian responsibilities, this invitation to give literal heed to the Call of the Cradle was a sore temptation. That tens of thousands of them accepted the invitation accounts in large part for the staggering costs connected with our care of these psychiatric casualties.

Unwise policies of vocational retraining likewise served to defeat psychiatric treatment efforts in many instances. In those early post-war years, vocational guidance based on psychiatric principles concerning the nature of human motivations was very much in its infancy. As a result, men with skills or at least some experience in a certain line of work often were advised to retrain for some altogether different type of vocation, with scant regard to innate fitness or special aptitudes and—in all too many cases—with consequent failure piled on to an already crippling sense of inadequacy.

These mistakes were of the head and not of the heart, but the good intentions behind their motivation did little to instill independence, initiative, or maturity in their victims. To-day, the Veterans' Administration in Washington has found it necessary to project the building of several addi-

tional hospitals for psychiatric casualties of the last war, to say nothing of the facilities that will be needed for those who are destined to "break" under the adjustment difficulties necessitated by the aftermaths of the war just beginning.

If some of these mistakes are to be avoided, then psychiatric knowledge about human behavior, and especially its motivations on both conscious and unconscious levels, should routinely be included in those councils of the nation that are charged with planning for demobilization and post-war rehabilitation.

THE FAMILY IN A WORLD AT WAR *

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WHILE preparing this paper, I recalled somewhat humorously that in my undergraduate course in social ethics (you will note that this term dates me as far as academic training in what is now called "sociology" is concerned) the professor outlined for us thirteen beneficial and thirteen harmful effects of war. My roommate and I, in preparation for the final examination, constructed Latin mnemonics of thirteen letters each to enable us to remember these twenty-six items should our otherwise trustworthy instructor find it necessary to ask for them on the examination paper. Curiously enough, I now can remember nothing of the harmful effects of war and only the final words of the mnemonic that was to recall to mind the benefits of this destructive institution. The words remembered are *"Nitat ipse."*

Being a psychiatrist, I was naturally interested in the question why after these many years, when asked to prepare a few remarks on war and the family, I should remember *"Nitat ipse"* only. I therefore consulted my Latin dictionary and found, somewhat to my discomfiture, that the infinitive of this verb, when freely translated, means: "To glitter for a moment, but to glitter with a subdued splendor." No phrase wrung from my unconscious could better describe what my contribution on this topic probably will be like, or better characterize the seemingly helpful, though tantalizingly temporary, effect of war on the relationships within the family group. Though most of what I have to say deals with the emotional relationships in the family rather than with the effects of war, I shall attempt "to glitter" a little in that respect, too, if only for a moment.

Among the many factors that make for group solidarity, there are at least three conditions that to my mind must

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obtain in order to insure the stability and the effective functioning of the family group of parents and children and to enable us to feel reasonably certain that the social breakdown of this unit will not take place. These three conditions are: (1) the security of the members of the family; (2) the participation of the members of the family in common endeavors for worth-while mutual gains; and (3) the presence of strong parental figures (father and mother) whose behavior toward individual members of the family and toward other groups and institutions in society is such that the constituent members of the family—notably the children—can and will incorporate in themselves the standards and ideals that these parental figures exemplify. These three conditions perhaps are minimal. I arrived at them through analyses of the cases of behavior deviations in children that come to me for treatment at the clinic and the court. But granting that they are important in maintaining an intact family unit in normal times—*i.e.*, in times free from social upheaval or war—it is of interest to speculate what we may expect a state of war to do in altering or strengthening them. Let us consider each factor in turn.

1. There are two types of security that should be possessed by the individual members of a family and particularly by the children.

The first is an economic security—the feeling of security that arises from the confidence that basic needs, such as the need for food, clothing, and shelter, will be met. It is reasonable to expect also that they will be met in a manner and to a degree enjoyed by adjacent family groups of comparable social status, and that they will be met *equally* for the various individuals within the family group. Without this basic security in the family, either antisocial or socially pathological behavior emerges, or a disastrous "horizontal mobility" of individual family members takes place, including one or both parents, usually the father, or one or a number of the several children. The varied symptoms of this social phenomenon—desertion, vagabondage, crime, and delinquency—are demonstrable in many case histories that come to our attention.

This basic economic insecurity, plus its results on family stability, has been noted by all of you in normal times and,

of course, it was present to a marked degree in many areas during our years of economic depression. In cases of this kind, moreover, there is a definite reality basis for the defections, and no amount of psychiatric treatment of individuals can eradicate the evil effects of social pathology, even though you may recognize full well the serious emotional conflicts aroused thereby. The only relief is employment and the production and consumption of goods.

There is, however, a second type of security recognizable in children that may or may not depend on the existence of economic security. It is the security that the child feels—the parent, too, for that matter—in his relationship with his parents and siblings. It is the certitude possessed by the child that he was wanted and is wanted by his parents, and the repeatedly demonstrated fact that he is loved by them and can in confidence and trust love them. It is his confidence that he as a child will be treated fairly in relation to his brothers and sisters in the manner that his age-sex status warrants.

In large part, of course, this exceedingly complex and subtle, but none-the-less important, aspect of security depends on the economic security mentioned above, but not wholly so. To be sure, in the younger age groups, in which the sense of being loved is directly related to the number and variety of gifts received, this feeling is to a great extent dependent on material considerations. But in the pre-pubertal and adolescent years, a sense of security and of being loved is the result of a realization that one is regarded by one's parents as a worth-while individual who merits consideration and respect even though material rewards are not forthcoming.

I can best illustrate what I mean by this type of security, and the freedom from emotional conflict that it engenders in children, by stating that, as a physician, I have time and again noted the stability of a family unit and the loyalty of all the children to that unit under conditions of extraordinary deprivation and even abject poverty. There were no runaways, no truancies, no delinquencies—and, what is more, there were no deep-seated emotional conflicts or neuroses in the children. This seems to be a glaring inconsistency in human behavior, and so it is. But as is so often the case with inconsistencies, beneath this one a fundamental truth is hid-

den—the truth that in these economically insecure families, the security based on emotionally satisfying parental-child relationships existed and the stability of the family was consequently assured.

I have stressed this factor of security in the emotional life of the child as distinguished from the basic need for economic security, and I emphasize again its importance in our predictions of—or provision for—what may happen to "to-morrow's children in a world at war." To-day we are living in a partial war economy. In the near future we may have a total war economy—one in which the production of consumer's goods will be at the irreducible minimum and the production of goods for defense and war at a hitherto undreamed of maximum. Unemployment will exist probably only for those who are definitely unemployable. Economic security will be, for the time being, assured, and in so far as the stability of the family and the emotional adjustments of its members are dependent upon food, clothing, and shelter alone, such stability and adjustment will obtain.

Even so, we who are vitally interested in the effect of changing economic situations upon the rate of social and individual breakdown must view with some misgiving the security of to-morrow's family and the security of to-morrow's children when such security is based exclusively on war-time employment. To outline an economic program to meet the inevitable shock and reaction after the crisis has passed is not my rôle. But as a physician and a psychiatrist, I would emphasize again that over and above *economic* security—during a partial state of war, a state of war, or in time of peace—there is a security, an adjustment in the emotional lives of children and parents, that is essential, to give which we must still prepare prospective parents, and from which alone we can expect family solidarity and unity. Economic security can be—and in times of war is—imposed from without; emotional security arises from satisfactions aroused and nurtured within the family set-up. If we rely on our new-found economic security alone to stabilize our institutions—particularly the family—during and after this crisis, we may well lose a large part of the benefits that social science and medical research in the last half-century

have made us impose upon ourselves as members of a democratic society.

2. My second factor of importance in insuring the stability of the family unit is the participation of the individual members of the family in joint enterprises—enterprises in which both parents and siblings have their obligations and duties—the extent, the nature, the rewards, and the satisfactions being allotted to each in turn according to his age and his abilities. I need not tell you that just such possibilities for group participation existed in great abundance and were utilized to their fullest extent in former times, and that they still are in use in our rural areas to-day. Nor need I emphasize that unfortunately the emergence of large urban areas has diminished such possibilities. However, no home seems less stable to me, when viewed from a clinical standpoint, than that in which the individuals rarely or never carry out any group projects, but each and every member seeks his friends, his diversions, and his loyalties outside the family unit. Such households—and there are many of them—have all the attributes of a well-regulated railroad station, the individuals coming and going periodically, but exhibiting about the same genuine emotional ties that might be engendered by daily visits to the railroad terminal.

In no sense can a child attain a feeling of individual worthwhileness and acceptance except through being considered adequate by the family unit. He knows that he is loved because he is allowed kinship status with his parents in serious or frivolous social projects, in educational projects, in the carrying out of the family's religious duties, and in a host of other enterprises from which many children to-day complain that they are excluded. Such exclusion, I need not add, is oftentimes interpreted by the child as rejection, and the rejected child is a fearful, insecure, and emotionally unstable child—a behavioral symptom of an unstable home.

It is unfortunate that we have to contrast this with what happens to the individual family members when a state of war exists. Immediately there is superimposed from without a common cause to which all, including the boys and the girls, can subscribe and to the attainment of which all can lend their efforts, however small. The worth of the individual in a joint enterprise is given recognition and the satisfactions

arising from such recognition are realized. Father does his bit on the assembly line and drills with the state guard at night; mother and sisters make bandages; and the boys collect scrap metal, do emergency duty as Boy Scouts, or work on farms to replace men called to service or to the factories. There is family unity, solidarity, and stability through participation in a common cause.

You will note, too, that in war time this participation in a common cause is a socially acceptable expression of the aggressive impulses that seem to be inherent in all of us. In times of war we not only are allowed to hate evil, but it is demanded of us that we give overt expression to our feelings in individual and group action designed to eliminate that evil. In times of peace aggression is looked upon as an abnormal impulse. It is regarded as an unwelcome and even a dangerous impulse, and even though social ills exist on every side, we have not yet found a way to bring the full weight of collective aggression against them. How ironical it is that national crises, emergencies, and war are necessary to throw into relief the satisfactions and benefits to be derived from family group participation, and how sad it is that such impulses must be extrinsically imposed—and for the most part then only in times of peril—instead of being intrinsically engendered in times of peace! And, lastly, what worth-while social advances are not made because of our lack of methods and of skill in utilizing the satisfactions of collective aggression that might be directed toward the eradication of poverty, disease, intolerance, and other recognized social evils! Curiously enough, the emotional satisfactions are the same as those experienced in war-time efforts.

3. The third and final factor that I will stress as conducive to family unity and as contributory to a satisfying, secure, and well-adjusted emotional life for the child is the presence of strong parents or parental figures with whom the child can identify himself. By a "strong" parent, I mean a parent who has and who exhibits qualities of just, sympathetic, and impartial leadership within the family group in his or her dealings with the children and the other parent; a parent whose behavior in relation to other social groups and institutions—the law, the church, his employer, his employee, his colleagues, and his competitors—is such that the child is not

thrown into conflict by noting glaring inconsistencies between the parent's own handling of these interpersonal relationships, duties, and obligations and what the parent demands of him, the child, in like relationships.

No child—and certainly no psychiatrist—asks for perfect parents, but no one is quicker than the child to note the inconsistencies and the prejudices of the parent, and when at last he is convinced of the presence of these undesirable traits, he will turn to others for his ideals. Unfortunately often his choice may be made on the basis of phantasy, and its object may in a social sense be a less desirable person than the rejected parent, but none the less, for the child, it is a satisfactory choice. The fact remains that from the child's point of view the parent has failed him, and the child's loyalty and love are directed henceforth beyond the parental object and outside the family group. In so far as this occurs, the family as a cohesive, integrated social unit, with all that this means as a medium for individual and community well-being, is weakened.

Now again I must resort to an unwelcome comparison between times of peace and times of war in the matter of this third factor—this leadership factor. Just as economic security and loyalty to a common cause can be imposed from without, just so can the emotional satisfactions of following a firmly believed in, consistent, and impartial parental figure be gained through the imposition of leadership from above. Not only may this leadership be imposed, but it seems inevitable that it must be imposed in times of war or crisis, and the importance of this phenomenon for us as students of human nature is not so much whether it is good or bad in times of crisis in our society, but rather in the fact that here we have a valuable social impulse or device, with its adjuvant feelings of satisfaction, that could and should be used in times of peace within the family unit. As I have said, the satisfactions are the same.

There is, however, one very important difference between the possible results of leadership imposed on society and on the family in times of crisis and the leadership that we desire in parental figures within the family unit in times of peace. In the larger unit—the nation—when blind subservience to the leader exists, there is a strong tendency on

the part of the constituent members—the "children," if you will—to believe that as long as they faithfully follow the leader, they have a right to subdue and to crush all others (the "siblings") who constitute so-called minority groups. I need not warn you who lived through the last war, and particularly through the years directly after that war, that this unfortunate result may carry over to times of peace.

To summarize, then, I have emphasized the three factors of (1) security, (2) participation in joint enterprises, and (3) the presence of strong parental figures, as conditions most conducive to family unity and most productive of the individually satisfying and socially acceptable functioning of this unit. In times of crisis, all of these factors may be accentuated, but inherent in such accentuations are possibilities both for good and for ill. If we are wise, we will consciously endeavor to capture and to use these forces in times of peace; if we are not alert, these forces may, as my Latin mnemonic warned me, "glitter only for a moment and glitter only with a subdued splendor."

MEETING THE PROBLEM OF MORAL CONFLICT THROUGH REALISTIC TEACHING*

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THE improvement of character education is no mere academic question these days. It has become a commonplace to say that the defense of democratic ideals is partly an educational problem, and when we use the term "educational" in this sense, we are thinking of the development of attitudes and the inculcation of habits of action, rather than of the growth of skill in the various school subjects.

If our times make more significant the problem of teaching children to resolve moral conflicts, they also make the problem more difficult, for world conditions have added to the number and the seriousness of moral conflicts. If we had been looking for instances of moral conflict a few years ago, we should have referred to the kind of problem an adolescent faces when his friends begin to smoke and his parents object to his following suit. To-day, the adolescent has all of the old problems with a great many new ones added. On all sides he hears assailed the principles of democratic government and the structure of our economic system. Gone are the days when a lesson in history or geography enabled both teacher and class to study the state of the world from the seclusion of the ivory tower. The discussions in our classrooms echo the vigorous propaganda that issues from all kinds of pressure group. What can the student do when points of view that are respected in his home are attacked in school, or when he finds his friends subscribing to principles that he has been brought up to despise?

His problems are accentuated when he reaches the age at which he should be leaving school and finds that the world has no place for him. Since he must find a solution to his

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problem, he may welcome any point of view that seems most likely to offer him a means of achieving a position in the adult world.

Confronted as we are by the obvious need for helping students to resolve their moral conflicts, schools still proceed on the basis of good intentions rather than of expert guidance. There are few other areas in education in which our goals are so vague, or our reliance on transfer of training so great, as here. To what extent can we become more effective merely by looking at our teaching more realistically?

We can begin this revaluation by accepting the principle that the most effective teaching sometimes takes place outside the classroom. This informal teaching is especially significant in the development of attitudes and the modification of interests. Because the period of late adolescence is often so full of conflicts, we shall use a college program as our illustration of what can be accomplished through faculty direction of out-of-class contacts.

A number of colleges are now employing a system of organized faculty-student relationships as the basis of student-personnel work. As one illustration of a specific program, we can use the Queens College plan of faculty advisers and student advisees.

One of the major virtues of the Queens College system of faculty sponsors is its simplicity, its informality. Shortly after a new student has been admitted to the college, he receives a questionnaire on which he records his vocational plans, his special interests, and other personal data of this sort. On the basis of the information thus elicited, the dean's office assigns each student to a member of the staff who will serve as the student's adviser as long as the student stays at college. Ordinarily, each member of the staff has about a dozen student advisees. The expression "member of the staff" is used deliberately, for the advisers are not chosen exclusively from the ranks of instructors. We include the members of the library staff, the administrative staff, and the business offices as all being men and women who share our hopes for the development of the young people who are with us.

Before the freshman has been at the college very long, usually during his first month there, he receives a letter giving

him the name of his adviser and suggesting that he arrange for a visit. Similarly, the staff member is given the names of his newly admitted advisees. What happens from that point on depends almost entirely on the adviser and his advisees. Dean Kiely, who is the person directly in charge of the plan, has wisely avoided all attempts at dictating an ideal adviser-advisee pattern or at digging any ruts into which this relationship is to fall. Both President Klapper and Dean Kiely meet all newly appointed members of the staff, explain the purposes and the goals of the plan, and indicate how other advisers have worked with their groups. They are helpful in aiding a member of the staff to solve problems that arise during this relationship of adviser and advisee. However, neither has ever prepared, or at least referred to, any set of minimum requirements or any fixed pattern of relationships to be imitated by the others.

The adviser-advisee plan succeeds or fails according to the interest and the ingenuity of the various advisers. It assumes that college teachers are interested in students. All it does is to provide a means whereby all students are given the opportunity to develop a campus friendship with a member of the staff, a privilege that ordinarily comes to only the more gifted or the more aggressive members of a student body in a college the size of ours.

The relationship rests on nothing more substantial than mutual respect and confidence; at its best, this is the most substantial basis of all for a stimulating faculty-student relationship. Fortunately, the adviser has no authority over his student advisees. He does not give them grades; he cannot make them drop this course or take that; and he can do little to influence the student's status at college.

How does the plan actually work? How do the advisers and advisees get along with each other? It is to be expected that the members of a large staff will vary considerably in their interest in this phase of college teaching. Similarly, a large student body will contain a number of students who do not respond to this type of relationship. The value of the relationship thus varies from great to negligible. But even if we were to assume that only some members of the staff really try to make this relationship a significant one, and if we were then to continue to be conservative and say that

each of these effective advisers succeeds in establishing rapport with only some of his advisees, this would still mean that a considerable part of the student body knows at least one member of the staff to whom it can turn for help when necessary. Many a college has an elaborate full-time personnel service in order to reach so large a cross-section of the student body. To the group of students who are fortunate in their contacts with their advisers, we may add the students who establish other personal contacts with the staff, either because of their special talents or their individual problems. For the overwhelming majority of the students, faculty counsel is thus available informally whenever needed or desired.

A wide variety of activities are conducted by these advisers. Some advisers set aside a special hour at which all advisees who are free come in and just sit around and talk. Others find that individual meetings are better, especially if these are conducted over cups of tea or while walking about the campus. There are those who invite groups of advisees to accompany them to a lecture, to the theater, or to a museum. There are outdoor picnics or evenings at home. Somehow or other, a sympathetic adviser will succeed in knowing his advisees and will let them sense his interest in their welfare.

Ignoring for a moment the worth of this plan in helping the faculty to know better the kinds of student they meet in class, and the contribution the plan makes in aiding students to adjust to college life, we may ask what value all this has in helping college students to resolve their moral conflicts. An illustration or two may be the best way of demonstrating how this end is reached.

At one of these informal meetings at which a group of students and an instructor met in the late afternoon and merely chatted about anything that came to mind, one of the girls remarked that she had just received a bid to join one of the most popular sororities on the campus. The others immediately congratulated her on being admitted to so select a group. Then the girl went on to say that she did not know whether she would accept the bid because she had always considered sororities snobbish and undemocratic. Within a few minutes the group was in a spirited discussion on the place of sororities and fraternities in a democratic college. A number of related and significant problems entered the dis-

cussion naturally. On the whole, the quality of the reasoning was high, and when it was not, the other members of the group quickly pointed out flaws in the arguments advanced. Much can be said for the kind of relationship that makes it possible for a group of college students to discuss a problem that they feel to be important with an instructor whom they respect. Is not this an effective way of helping students to resolve moral conflicts?

Another instance to be cited arose under different circumstances. A freshman who had been at college only a month or so visited his adviser's office in order to ask how one drops a college course. To the direct question he received a direct reply, and then both adviser and advisee went out for a walk about the campus. As they walked, they talked, and then the story came out. The instructor in the course to be dropped had accused the boy of submitting another's work as his own. To the boy this was an unjust charge. He had discussed the assignment with his mother and his uncle, and they had criticized some of his ideas and had suggested others, but the actual writing and composition were his.

As they continued their walk, they spoke of many phases of the problem, including the question of what constitutes cheating. The boy soon saw that his proposed solution of dropping the course was really no solution at all. Later, the adviser spoke with the English instructor and got the other side of the story, while familiarizing the instructor with the boy's point of view. The student in question then discussed matters with his instructor and the entire incident served as a way of helping the student to mature emotionally.

In a narrow sense, these illustrations are irrelevant to the topic at hand, for these are not instances of classroom teaching. Actually, they illustrate the most effective type of teaching. Thoreau long ago complained that he could not understand the university practice of charging students for the right to attend classes while they paid nothing for the more important privilege of walking and talking with campus friends. What the adviser plan does is to include this walking and talking with campus friends as a vital part of a college education. The subject matter of these conversations is often much closer to the problems our students are facing than is that of the classes they attend. Without formality, we have

the opportunity of building a real student-centered curriculum that gives first place to the student's needs—his hopes and aspirations as well as his problems and uncertainties. The dictum, "Teach children and not subjects," has won such widespread acceptance that it has become in many places merely a ritualistic expression that is reflected but slightly in the day's work. To the extent that the adviser plan makes it possible for us to help the student face his own problems and attempt to find a solution, it does provide a means whereby realistic teaching may contribute to the solution of moral conflicts. This plan has provided such an avenue for a college staff. Would it prove equally effective if it were modified for use in high schools? So much would be gained if the plan succeeded, and so little would be lost if it failed, that it deserves a trial, especially where the supervisors are wise and the teachers are interested.

There is another phase of the question of meeting the problem of moral conflict through realistic teaching. We refer here to what can be accomplished during the usual classroom period, in the traditional elementary or secondary school. That our schools are alert to the implications of the problem is seen in many ways—for example, in the wave of programs that aim at developing the concept of tolerance. It is encouraging to note how many teachers have been ingenious in their attempts at raising students to the level where they can appreciate an ideal for which men have striven for ages, and, at brief moments in the history of the world, have actually attained.

While some of these programs for democracy have been gratifyingly effective, other plans have fallen far short of the goal, often because those who are responsible for them have failed to apply the psychology of learning and the principles of teaching. In too many schools, these programs are dictated from above and touch the student's life so sketchily that they are of little value in helping him resolve his own conflicts.

The task of aiding the child is complicated by the fact that there are two types of conflict. The first type is the one so readily apparent to the layman—namely, the conflict between an individual's desires and social restrictions. This kind of conflict is illustrated by the adolescent girl who wants to use a good deal of make-up and finds that both her school and her

home object. The second type of difficulty arises from a conflict between two desires, both of which are socially acceptable. This same adolescent girl may be torn between the wish to continue her schooling, so that she may eventually become the scientist she hopes to be, and her wish to contribute to the family exchequer by leaving school and going to work. Both courses of action are socially acceptable. Even so, her inability to resolve her conflict may lead to emotional complications as real, but not so easily understood, as a conflict between her desire for make-up and the parental objection to it. Indeed the inner conflict may be even more serious for the girl, for her struggle may not be apparent to the outsider. It is this type of conflict that Jung referred to when he said that the trouble with men is that they want and they do not want; and because they do not know what it is that they want or do not want, there arise conflicts and then neuroses.

This suggests one of the difficulties of trying to use traditional classroom procedures as a means of aiding the child to solve his moral conflicts. How can we help the child when we do not know what his conflicts are, and when even the child himself may not know? Fortunately, most conflicts do not present much of a problem, for the child manages, somehow or other, to find a way of relieving the situation. That expression "somehow or other" indicates a major source of difficulty, because the child may stumble upon a solution that complicates the process of adjustment to his life. He may, for example, become oversensitive to criticism; he may become a self-centered, selfish person; or he may become the overaggressive young fellow who is ready to argue or to fight with any one. If the source of his personality traits is to be found in his unsolved conflicts, he will probably not respond to any of the usual forms of character education.

The success that teachers of reading have had in diagnosing and correcting the causes of deficient reading may suggest how much more effective our character-education programs would be if we gave more attention to diagnosing and treating the child who does not respond to these programs. Character education is most likely to be successful in schools where the mental-hygiene point of view has been accepted and where a great deal is known of the backgrounds of the child's problems and behavior.

Of necessity, much of the teaching that will help a child resolve his conflicts will be on an individual basis. Few youngsters are concerned with such abstract problems as conflicting loyalties. What troubles them is always a specific problem—for example, the difficulty that arises for a student when his crowd frequents a dance hall of which his parents disapprove. The discussion of a general principle in this case may be ineffective because the youth does not see the application to his own problem. He may not even see the connection between his own problem and a similar one that is discussed in class. If teaching by analogy is to be helpful, it must be applied directly to the specific problem that the child has in mind. This means that the teaching must be done both in groups and with individuals; that some of it will consist of special activities chosen for the purpose, while some will take advantage of situations that arise during the school day. The effectiveness of the undertaking will depend on the extent to which the teacher succeeds in applying those principles of teaching that influence the effectiveness of any kind of lesson. An effective program for helping children face their emotional and moral conflicts squarely must be realistic both in emphasizing the problems with which these children are actually having difficulty and in planning the educational experience.

A necessary first step is a clear definition in the teacher's own mind of what it is he hopes to achieve. Aims and objectives must be stated realistically and in terms of the ability of the group to achieve them. We have here a common weakness of character education, for there is a tendency to plan our work in terms that are so general as to be almost meaningless. The studies published by the Character Education Inquiry demonstrate that we must deal not with a single trait called "honesty," but with a host of specific "honesties." Nevertheless, we continue to speak of "educating for tolerance" or "educating for democratic living" as if tolerance and democratic living were distinct entities. Moreover, these ideals are far beyond the intellectual and ethical level of many children in our schools. We shall be likely to accomplish much more if we aim at a goal a little less ambitious and more realistic.

Another cause of our difficulty in helping children to face

their moral conflicts is curricular and administrative. The school day is so full of required subject matter that little time is available for a discussion of the problems that trouble our children. Few high-school students really are worried about whether two lines are parallel if the alternate interior angles are equal. How many of them care whether a paragraph can be developed by giving instances and details? Teachers spend so much time with matters that seem remote to the child that it rarely occurs to him that we are concerned with his vital problems and with his search for a solution.

What would happen if a delightful catastrophe were to occur this evening—if every high-school teacher and every high-school student were to forget how the school day is usually spent and if every syllabus and textbook were suddenly to become illegible? Let us visit a high-school building to-morrow morning to see the results. Milling around outside the building is a group of adolescents who have already learned how to read and write and who have been given a smattering of information on history, geography, science, mathematics, and so forth. In the group are a number of adults, all of them college graduates, many of them university graduates as well. Some of these adults are gifted musicians or artists; some have had a rich experience in the natural sciences or in social studies; some have developed considerable fluency in expressing themselves in the language; and some have steeped themselves in the literature of our people.

They are told that they are to be together for four years, that the community will relieve the adults of the necessity of working in the fields, the factories, or the offices of the nation, and that the children will be fed, clothed, and housed by their own families. At their disposal is a building that has rooms large enough to accommodate five hundred at a time and many rooms that seat from thirty to forty people. The building contains libraries, laboratories, shops, radios, maps, and other equipment of this sort. In fact, the resources of the entire community are at their disposal and they may use the community itself as their laboratory. Then comes the challenge: Spend the next four years together and make this period as rich and as significant as possible for the lives of these boys and girls.

There is no way of predicting precisely how the group will

react to that challenge, but we shall be safe in some of our general assumptions. It is hardly likely that the group will immediately organize into traditional classes, pursuing the traditional high-school subjects in the traditional manner. We may doubt that they will spend forty minutes discussing a novel like *Silas Marner,* only to have a bell terminate that discussion and start a forty-minute lesson on the solution of simultaneous equations, a lesson that will be ended by a bell signaling to the group that they are now interested in the results of the War of 1812. While they may soon find themselves studying virtually the same subject matter that our present high-school students are discussing, there will be the significant difference that these hypothetical students will have arrived at that subject matter because they need it to help them solve their problems, to answer the questions they ask themselves. Before that group can begin to formulate a program, they will have to ask what it is they want to know, what the questions are that they need to answer if they are to adjust themselves to their present life and to prepare themselves for effective living as adults. On such a basis a curriculum can be devised and a methodology evolved that will help the students to resolve their conflicts.

We should be resorting to much too obvious a rationalization for some of the inadequacies of traditional schooling if we said that there is little we can do until we have the kind of catastrophe to which we have referred. Such an explanation is difficult to accept because there is so much that we can do, and that teachers are doing, within our present school organization. We can study our students in order to learn what it is that they want to know, what it is that is worrying them, what it is that they must do in order to solve the problems that confront them. What do students talk about among themselves? What questions do they ask of themselves and of one another?

All too often, it is the wrong person who asks questions in class. Here is a social-studies teacher who has spent years in his attempt at understanding the structure of our society. It is he who asks the question: Why did the League of Nations fail as a means of preventing international war? If he, a person of maturity and superior mentality, cannot answer the question despite his wide reading and study, is he going to

discover the answer by asking the question of a group of immature and relatively unread adolescents? Usually the classroom question is asked by a person who thinks he knows the answer, in order to see whether the student can guess the answer the teacher has in mind. The question thus becomes a classroom convention, another type of educational make-believe, rather than a stimulus to clear thinking on a meaningful problem.

What can we do if we do know more about the nature of students' questions? Are we then to offer a special course on how to get parents to realize that an adolescent boy should not be treated like a six-year-old? Shall we have the problem of the student who fails in the course called "Reconciling Loyalty to the Crowd with Loyalty to the Family"? These questions are ridiculous because we need organize no special courses if we take advantage of the opportunities that are so abundantly presented by the usual array of subjects studied in our schools.

Our preparation of material for discussion in class should begin with an analysis of the content from the student's point of view. The English teacher might well ask herself what she would want to know about *Silas Marner* if she were a sixteen-year-old. The social-studies teacher can begin his preparation for class by asking what housing problems mean to a boy of seventeen. This suggestion is not a novel one, but it is still one of the most effective ways of making teaching realistic and of relating it to the child's problems. In *Silas Marner,* for example, there is much that may be used as a means of introducing a discussion of problems that are significant to boys and girls. To take an illustration that is not too obvious, we might use the scene at the village inn on the night of Godfrey's wedding. The local gentry usually spent their time in the parlor badgering the less important members of the community who were admitted to that room, while the tradespeople and artisans did their drinking in the kitchen. The night of the wedding, the parlor was closed because all of the important members of local society were at the wedding. That meant that the lesser gentry, who usually were teased in the parlor, had to go to the kitchen, where they then spent their time teasing their own social inferiors, the tradespeople and the artisans.

Cannot the teacher use this incident as a way of getting at the unnecessary snobbishness found among high-school students? Can he use this discussion as a means of getting the children to see why petty people have to make believe they are important in order to hide their own pettiness? Can a discussion of this sort become sufficiently realistic to help the child recognize that it is not necessary to become a social climber, even in high school, to enjoy self-respect? In the hands of an understanding teacher, even the half-deserted inn can be a means of increasing the insight into human nature that high-school students can get.

These classroom discussions can be supplemented by the informal conversations that teachers have with those youngsters who stay on after school to help with the small chores. All teachers know how different is the atmosphere in a classroom after the students have been dismissed and only the chosen few remain behind to sort papers or to clean the boards. It is too bad, then, that so many children are deprived of the opportunity of establishing this informal relationship with the teacher. Moreover, the kind of youngster who needs this relationship the most is the one who is rarely invited to stay as a student assistant. If we can arrange to rotate these monitorships so that almost all children are affected, the teacher is helped to establish the rapport and to develop the kind of insight he needs if he is to aid students to solve their moral and emotional conflicts.

Despite our eagerness to help children, we must be careful not to exaggerate our concern with their moral conflicts. We need not try to make every period of the day into a lesson in self-adjustment. We can pity the poor boy who has five subjects a day, in each of which his own problems are the focus of attention. A lesson on the efficient use of the card catalogue in the library can be a helpful experience even if it does not add to his popularity, and the lesson on dangling phrases need not center about the conflict between the social philosophy of his parents and that of his teachers. However, when interpreted sanely by intelligent and sympathetic teachers, this concern with the child's solution of his conflicts can become a stimulating means of making the school day more meaningful and more helpful for the student.

There is another word of caution necessary if teachers are

to deal with their students' conflicts. We may have given the impression that conflicts are harmful and must be resolved. Often, the opposite is true. Some children need more, rather than fewer, conflicts. Many a young high-school snob sees nothing objectionable in his unwillingness to participate in social affairs with children from the other side of town. Another student may see no conflict between the ethical principles he repeats by rote and the patterns of his daily living. We may well defend the teacher who makes children aware of conflicts that they did not know existed.

We do not object to conflicts. All we hope for is that we may help children to see their conflicts unemotionally, to understand their source and their influence, and then to try to resolve them in such a manner as to improve their own adjustment to life. Realistic teaching can do much to help toward this goal, especially if teaching is defined broadly enough to include the teacher's influence outside the classroom as well as within its walls.

THE MENTAL HYGIENE OF THE AMERICAN INDIAN

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THIS article is based on five field trips to several American Indian reservations, on nearly two years of field work in Oceania and in Asia, on visits to mental hospitals in which American Indians are now being treated, and, finally, on eighteen months of sociological work in Worcester State Hospital.

The present discussion concerns mainly the mental-hygiene problems of the American Indian. The findings and conclusions, however, seem to have a wider applicability. They raise not merely problems common to preliterate tribes governed by members of highly civilized groups, but *pari passu* problems connected with the mental hygiene of minority groups in general. The viewpoint of this paper is not unconnected with Davis' general discussion of the nexus between mental hygiene and the social structure.[1]

It is readily admitted that psychoses among Indians are not a major social problem in contemporary American life. The special problems of the American Indian are, however, so extreme in certain respects that their analysis will permit us to isolate important factors that tend to become blurred when the mental hygiene of the dominant group alone is subjected to scientific scrutiny. Specifically, the study of the mental-hygiene problems of the American Indian offers an exceptionally favorable testing ground for the basic tenets of the environmentalist approach in mental hygiene. The mental hygiene of the American Indian offers, furthermore, a field of action for the mental-hygiene movement that promises to yield significant returns on a relatively small investment.

[1] See "Mental Hygiene and the Class Structure," by K. Davis. *Psychiatry*, Vol. 1, pp. 55–65, February, 1938.

It must be understood, however, that many of our special findings will have to be readapted to the distinctive needs of other groups.

The Social Context.—The social isolation of the Indian cannot be wholly interpreted within the usual limits assigned to the concept *social distance.*

The total Indian population of the United States comprises less than 1 per cent of the nation. A large majority of all Indians live on reservations. In some instances, several reservations are assigned to one tribe (*e.g.,* the Sioux); in others, several tribes live on the same reservation (*e.g.,* the Mohave and the Chemehuevi). The large Navajo reservation contains the Hopi and other Pueblo Indian reservations. Some tribes have dwindled to a mere handful; others, like the Navajo, are steadily increasing. Some Indians live in closely knit villages, where privacy, rather than social communication, is hard to obtain. In other instances there are no villages, and social contact between the families is sporadic. The isolation of a Navajo settlement is so extreme in winter that when snowstorms cut it off from the rest of the world, it can be sent supplies only by airplanes.

The linguistic and social barriers between the hundreds of tribes further contribute to their isolation. There is little contact indeed between the Mohave and the Chemehuevi, or between the Hopi and the Navajo, who live side by side. Some Indian languages contain no word for "Indian" in general, while other languages have only recently evolved such a generic term.

Although it is probable that at present an Indian nationalism is in process of evolution, and that intercourse between the several tribes is, by and large, on the increase, this process seems to be accompanied by a corresponding decrease in intercourse between members of the same tribe, due partly to the disappearance of old patterns of hospitality and of communal solidarity. Under aboriginal conditions, many Indian tribes seem to have been lacking in national consciousness. In California social cohesion was limited mostly to the local settlement, to such an extent that both Kroeber and I found

it necessary to stress the fact that the intense nationalism of the Yuman tribes was unique in that area.[1]

With the breakdown of aboriginal culture, and with the disappearance of ceremonies whose prime social value seems to have been the fact that they afforded an opportunity for gatherings and sociability, as well as with the weakening of familial and clan bonds under the impact of the more individualistic and gamocentric pattern of Western culture, internal cohesion and intercourse appear to be on the decrease.[2] This fact is known to the Indians, and has been commented on spontaneously by several of my Mohave informants.

A significant factor in social segmentation and compartmentalization is the increasing cleavage between the old and the young. The latter are herded together in schools, where they acquire a half-American outlook, thoroughly at variance with the native one. It must be specified, however, that the acculturation of the younger generation is mainly negative, in that they forsake old tribal standards without accepting American standards. The demoralization resulting therefrom is obvious to any one familiar with reservation life. It must be stressed that acculturating agencies are often far more anxious to destroy native beliefs than to replace them by new beliefs. This phenomenon is a universal one. F. E. Williams,[3] points out that the Melanesians of New Guinea are encouraged to violate taboos, although, in the absence of an effective governmental police force, taboos are the native's strong box and police patrol.

Curiously enough, increased communication between tribes has not been altogether successful in breaking down intertribal prejudices. The Mohave still despise the uncouth

[1] See *Handbook of the Indians of California*, by A. L. Kroeber (Bureau of American Ethnology Bulletin No. 78. Washington: Government Printing Office, 1925). See also "Mohave Culture and Personality," by G. Devereux (*Character and Personality*, Vol. 8, pp. 91–109, December, 1939) and "The Social and Cultural Implications of Incest Among the Mohave Indians," by G. Devereux (*Psychoanalytic Quarterly*, Vol. 8, pp. 510–33, October, 1939).

[2] See "Culture Processes," by H. G. Barnett. *American Anthropologist* (new series), Vol. 42, pp. 21–48, January–March, 1940.

[3] See the following of his Anthropology Reports to the Papuan Government: No. 9, *Native Education* (1928); No. 12, *Sentiments and Leading Ideas in Native Society* (1932); No. 13, *Depopulation of the Suau District* (1932); No. 14, *Practical Education* (1933); and No. 16, *The Blending of Cultures* (1935). Port Moresby, Papua, New Guinea: Government Printer.

Chemehuevi, and the Hopi distrusts the predatory Navajo, who, in turn, envies and despises the more effete and urbane Hopi. Intertribal friction is present also in Indian schools, where communication between pupils is supposed to be exclusively in the English language.

A truly Indian national sense is present mainly among the more educated—in other words, among those who are most remote from the native way of life. The national pride of educated Indians is as often as not an outcome and a rationalization of their rejection by the dominant whites, and hence similar to the compensatory nationalism of the Hindu baboo. It is obvious that second-choice nationalism is not an altogether wholesome understructure for the development of Indian national morale. The problem seems to be particularly acute among the so-called civilized tribes of Oklahoma.

Even more significant is the social impotence of the Indian. In aboriginal times the social horizon of the individual Indian was usually limited to his tribal territory and to that of immediate neighbors. Within this small world, populated entirely by a handful of people, the individual Indian played a by no means negligible rôle, and was more or less completely oriented.[1] His actions and decisions were significant factors in shaping his own destiny, as well as the destiny of his tribe. He knew all the important factors in his environment that influenced the shape of his life line. The present situation is altogether different. Events occurring in remote corners of the world have an immediate bearing on the Indian's fate and welfare.

This statement will bear an illustrative example: In 1934 the Hå(rhn)de:a(ng) Moi, almost completely isolated in their Indo-Chinese jungles, commented that money was getting scarce and that the exchange value of raw material was rapidly decreasing. They were just beginning to feel the dying ripples of the great depression of 1929–1931. If so remote a tribe could feel the effects of our economic upheavals, then we can easily infer the extent to which the Indian in our midst has felt them. The significant fact is that the natives of Indo-China literally could not understand "what had hit them." They were trying to find a religious

[1] See "A Sociological Theory of Schizophrenia," by G. Devereux. *Psychoanalytic Review*, Vol. 26, pp. 315–42, July, 1939.

and magical explanation for the phenomenon, and rejected my economic interpretation of the situation. They could not understand how remote events could influence them. They were a small dot on the map of a large world, whose most significant large-scale events originated in realms beyond their ken and outside their sphere of influence. The same is true *a fortiori* of the American Indian, who is directly dependent upon the structure and function of the American social process, without even the comforting illusion of directing his destiny by means of a vote.

The world of whose existence they are aware only by hearsay, or by cursory inspection trips, has increased immeasurably, while their knowledge of it and their own place in this vast scheme of things have shrunk to infinitesimal proportions. Hence no one is more beset by the *Angst der Kreatur,* by the basic anxiety of Horney,[1] than the Indian. They are isolated from and outside of the main stream of events in the American Commonwealth, although they receive the direct impact of its ups and downs. They are governed by the benevolent fiat of Washington, said fiat being dictated by reasons and circumstances beyond their knowledge and control. At best they are in the position of children who wonder what Daddy will give them for Christmas. Not so long ago they were children who wondered what new hardship an incomprehensible White Father would inflict upon them for no known reason.

In brief, from the status of men whose decisions influenced their own welfare and that of their community, they have receded to the status of helpless pawns, buffeted around by an incomprehensible, complex, and great world, until the life line of an individual resembles the erratic course of a particle's Brownian movement.[2]

Conflicts and Solutions.—Every culture not merely confronts those participating in it with a distinctive set of problems, but also offers them a set of specific and more or less effective solutions, not altogether different from what Kardi-

[1] See K. Horney's *The Neurotic Personality of Our Time* (1937) and *New Ways in Psychoanalysis* (1939). New York: W. W. Norton Company.

[2] See "A Conceptual Scheme of Society," by G. Devereux. (*American Journal of Sociology,* Vol. 45, pp. 687–706, March, 1940). Also his "Maladjustment and Social Neurosis" (*American Sociological Review,* Vol. 4, pp. 844–51, December, 1939) and "A Sociological Theory of Schizophrenia" (*loc. cit*).

ner has termed "secondary institutions."[1] If the nature of the basic problem situations changes without a concomitant change in the armamentarium of stereotyped solutions, the individual finds himself in a state of acute discomfort, which is due to a realization of his helplessness. A simple example will clarify this statement. The Mohave claim that in aboriginal times they possessed certain shamanistic practices that led to the "cure" of arrow wounds. After the introduction of firearms, they felt helpless, since arrow-wound magic could not cure gunshot wounds. The situation remained unsolved until a native shaman claimed to have received special power to cure gunshot wounds. We need not decide whether or not the aboriginal arrow-wound magic was medically effective. The point is that this nonlogical belief in shamanistic cures provided emotional security, while no such "cultural bromides" were available to persons wounded by bullets. In brief, situations of strain tend to arise when the old techniques are found to be ineffective in new situations of conflict.

The converse is equally true. With the death of a certain shaman, the Mohave ceremony for the cure of the insane became obsolete. At present—so far as shamanistic "cures" are concerned—the insane are left unattended.[2] On the other hand, modern facilities for the treatment of mental conditions are unavailable to them. The situation, in a generalized form, is particularly acute with reference to the younger people, who return to the tribe with a thin veneer of Western civilization. They are thrown into situations intimately connected with native patterns, and have at their disposal only the means and goals of Western civilization, which were evolved in response to types of conflict, and as checks and balances to basic institutions, characteristic of the Western pattern of culture. The plight of the schooled Indian, trying to fight his way out of native conflict situations by means of Western techniques evolved for the purpose of solving altogether different situations, is appalling. La Farge's famous novel, *Laughing Boy,* illustrates this point.

The chief difficulty results, however, from the concurrent

[1] See *The Individual and His Society,* by A. Kardiner. New York: Columbia University Press, 1939.

[2] See "Primitive Psychiatry," by G. Devereux. *Bulletin of the History of Medicine,* Vol. 8, pp. 1194–1213, October, 1940.

use of two—often mutually contradictory—sets of ideas and techniques—the native and the American. Man's almost infinite capacity for nonlogical action, and for evolving logic-tight compartments, has been duly stressed by modern social scientists. On the other hand, few have concerned themselves with the strain resulting from culturally standardized unreason.[1] To speak somewhat facetiously, if there are two ways—the one heterodox and effective, the other traditional, but ineffective—of doing a given thing, then men will, in general, do the traditional thing. When, however, two culturally standardized ways (*e.g.*, native and Western) of being traditional and non-logico-experimental are available to a given individual, then, like Buridan's ass, he finds himself in serious conflict with himself. Where "civilized" and "native" nonlogical customs are his only alternatives, and where the selection of one technique precludes or minimizes the advantages to be derived from the alternate solution, where two types of conflict have to be dealt with in different ways, a situation results that is conducive not to mental health, but to disorientation.

The above factors are more significant than the more concrete aspects of cultural clash. They touch the fundamentals in psychic process. They involve the integrity of the individual (in Pareto's sense) and his personal integration, both external and internal; hence they are more traumatic than the more obvious concomitants of the process of acculturation.

Last of all, racial discrimination against the Indian is an important factor even in the Twentieth Century. The Indian is being educated for a goal that he cannot reach because of social obstacles. He is made to develop new needs that he cannot gratify by lawful means. Furthermore, even in the immediate past, the Indian was mercilessly exploited, interfered with, cheated, and befuddled by all means lawful and unlawful, when he was not outright hunted down according to the principle: "A good Indian is a dead Indian." I maintain, however, that these actual hardships were conducive to

[1] See G. Devereux's "Social Negativism and Criminal Psychopathology" (*Journal of Criminal Psychopathology*, Vol. 1, pp. 323–38, April, 1940) and "Maladjustment and Social Neurosis" (*loc. cit.*). See also "Social Structure and Anomie," by R. K. Merton (*American Sociological Review*, Vol. 3, pp. 672–82, October, 1938).

fear rather than to disorientation and its inevitable by-product, anxiety. I hold hence that a study of the psychopathological aspects of acculturation must analyze primarily the sources of disorientation and anxiety, rather than the sources of fear and objective discomfort, which are far more easily dealt with both psychologically and in overt behavior.

Diagnosis and Therapy.—Even where hospitalization facilities are available, the diagnosis and treatment of the psychotic Indian involve certain unusual difficulties.

Communication is perhaps the first and most obvious obstacle. Few psychiatrists speak Indian languages, and the average Indian's command of English is defective. Furthermore, many Indian terms have no proper English equivalent, and carry a penumbra of connotations and implications that are alien to the English term. More specifically, should a psychotic Hopi Indian speak of "corn" or a Navajo of "corn meal," it is open to discussion whether the proper English translation ought not to be "sacrament."

The diagnosis of disorientation is equally difficult. On being asked the names of the cardinal directions, a Southwest Indian is likely to answer North, South, East, West, Above, and Below.

Motor behavior is also culturally skewed. Types of gait, certain habitual gestures indicating emotions or embarrassment, attempts at using sign language, and so on, may all be mistaken for mannerisms, motor disturbances, and stereotypies.

Different evaluations placed on certain situations may lead to a mistaken diagnosis of shallowness of affect or else of irritability and excitement.

Many beliefs that in a white man would be *prima facie* evidence of delusion may be simply cultural tenets. Conversely, many statements that in a white man would be signs of sanity may be serious delusions in an Indian. This point does not stand in need of detailed elaboration.

Contact with reality is similarly culturally biased. Kroeber has analyzed the difference between Western and preliterate concepts of reality in a manner that may be considered as final.[1]

[1] See "Psychosis or Social Sanction," by A. L. Kroeber. *Character and Personality*, Vol. 8, pp. 204–15, March, 1940.

In brief, the number of pitfalls is very large, and no psychiatrist can be expected to familiarize himself with the ethnography of a large number of tribes to a degree that would enable him to distinguish between delusion and belief.

An attempt to determine the dynamics of a psychosis, where psychosis is present both by medical and by primitive standards,[1] has to cope with additional difficulties. It has by no means been proven that factors that are traumatic in our society are also traumatic in other cultures. In contradistinction to even such sympathetic and alert students of native life as Roheim[2] and Kardiner,[3] I hold that it is the *unusual* rather than the typical process of socialization in a given culture that is traumatic and that brings about neurosis or psychosis. A culturally atypical method of socializing the infant will create in due time a personality structure that is incapable of dealing in an expected manner with later experiences. Furthermore, as soon as judgment appears in the child, a comparison between its own fate and that of its fellows—*i.e.* a difference between the life chances (in Max Weber's sense[4]) of individuals belonging in theory to the same social class—transforms the merely atypical method of socialization into one that is conceived of as unjust, and hence traumatic. An obvious example of this is the traumatic effect of severe upbringing in a society where most children are brought up liberally. Hence the psychiatrist who wishes to scrutinize a native case history for earlier traumata must first of all decide whether a given situation is or is not characteristic of that native culture.

Turning now to the basic tenets of psychoanalysis, I am in full accord with Malinowski[5] and with Kardiner[6] in questioning the applicability of an unmodified psychoanalytic theory to preliterate groups. Roheim[7] has shown that many psychoanalytic principles apply also to native psychody-

[1] See "Primitive Psychiatry," by G. Devereux, *loc. cit.*

[2] See *The Riddle of the Sphinx*, by G. Roheim. New York: Longmans, Green, and Company, 1934.

[3] *Op. cit.*

[4] See *Wirtschaft und Gesellschaft*, by M. Weber. Tübingen: J. C. Mohr, 1922.

[5] See *Sex and Repression in Savage Society, by B. Malinowski.* New York: Harcourt, Brace, and Company, 1927.

[6] *Op. cit.*

[7] *Op. cit.*

namics. On the other hand, I have attempted to demonstrate that the major conflicts of the Mohave are not sexual, but economic in character, or else involve matters connected with tribal cohesion and the continuity of the race.[1] It is my considered opinion that a trauma is something a given culture recognizes as such. The same is true of crime and of punishment [2] and so on.

Once hospitalized, the Indian is confronted with a situation with which he is not prepared to deal. My own studies at Worcester State Hospital indicate that even urban Western man is not fully prepared to adapt himself to institutional life. This adaptation must take place in the hospital itself. Dembo and Hanfmann have shown that the "orientation letter" sent to newly admitted patients at Worcester State Hospital has certain favorable effects.[3]

How severe the problem of adaptation to institutional life is for the Indian, may be gathered from the following episode. A psychiatrist at St. Elizabeths Hospital reports that a Navajo Indian was transferred to St. Elizabeths, after being confined for two years in another hospital as a homicidal maniac. The psychiatrist at St. Elizabeths decided to give this dangerous patient ground parole, on the theory that imprisonment could only harm an Indian accustomed to roam around in the open country. Within a few months the dangerous patient effected a recovery and was sent home to his tribe.

The linguistic isolation of the hospitalized Indian is likely to be an important factor in promoting deterioration. We must remember that in view of the small size of Indian tribes, it is highly improbable that two or more members of a given tribe will be confined simultaneously in the same mental hospital. If we add to this the fact that few tribes can understand the dialect of their neighbors, while even fewer have a command of English or Spanish, we must realize that the hospitalized Indian is unable to evolve social relationships

[1] See "Mohave Culture and Personality" (*loc. cit.*). For a more general approach, see "Psychoanalysis and Sociology," by R. Bain (*American Sociological Review*, Vol. 1, pp. 203–20, April, 1936).

[2] See "Social Negativism and Criminal Psychopathology," *loc. cit.*

[3] See "The Value of an Orientation Letter for Newly Admitted Patients," by T. Dembo and E. Hanfmann. *Psychiatric Quarterly*, Vol. 8, pp. 703–21, October, 1934.

that would be both a means and an incentive to retain contact with external reality.

In a certain hospital I saw a Havasupai schizophrenic who had had no chance to talk to any one for thirteen years. Knowing a few words of the remotely related Mohave tongue, I asked the patient about his clan affiliation. The physician who accompanied me on my rounds assured me that this was the first time in his memory that a gleam of interest or understanding had been seen in the eyes and on the face of that patient. Such linguistic isolation is not conducive to recovery.

The management of interpersonal relations between the physician and his Indian patients is extremely difficult. Transference and counter-transference must be articulated with the social structure and the standard behavior pattern of the patient's tribe. Assuming that the psychiatrist has managed to insinuate himself into the emotional world of the patient in the rôle of a father substitute, or of a maternal-uncle substitute, his behavior must henceforth be carefully patterned on the function of the father or of the maternal uncle in the patient's own tribe. Otherwise, in the process of therapy he is likely to traumatize the patient once more. Specifically, Ruth Benedict [1] has sharply emphasized the fact that automatic obedience in our sense is never expected from the native child.

It is generally recognized that the patient must be offered certain incentives, in order to achieve recovery. This presents new problems to the psychiatrist engaged in treating an Indian psychotic. The Indian is at present on the retreat, and has fewer incentives to recover than has the member of a culture that is on the upgrade, who has a fair chance of attaining socially predicated goals. Furthermore, many of the goals that the psychiatrist is likely to offer to the Indian patient have no meaning or interest either to him or to his tribe.

Thereon hinges the problem of the rehabilitation of the Indian psychotic, and the question of declaring him recovered. It is altogether insufficient to rehabilitate him according to Western cultural standards. His rehabilitation must be slanted to fit the native conditions to which he must

[1] See "Continuities and Discontinuities in Cultural Conditioning," by Ruth Benedict. *Psychiatry*, Vol. 1, pp. 161–67, May, 1938.

eventually return. If, for example, a psychotic Indian should shift his delusional pattern to approximate native belief, especially of the shamanistic type, then he must be considered as completely rehabilitated according to native standards.[1] When a shift in the content of delusions is observed, the psychiatrist must ascertain whether or not this new system, together with its complex elaborations and ritual gestures, dovetails with the tribal shamanistic pattern. If such is the case, the patient may be dismissed as cured, since many native tribes believe that a seizure of insanity precedes the acquisition of shamanistic powers, and that a person receiving these powers, but unwilling to practice, will become psychotic.[1]

One cannot but wonder how many Indian psychotics have turned into shamans while hospitalized in an institution, and been retained there, although they are ready to return to their tribes and to function as useful members thereof.

A last point may be mentioned in this by no means exhaustive discussion. I refer to the poverty and remoteness of the Indian patient's relatives, which still further isolates the patient from his normal environment, while Indian illiteracy interferes with external contacts by mail. Since the therapeutic value of external contacts is generally admitted, this factor of the isolation of the Indian patient must be given explicit recognition. This isolation is partly compensated for whenever other members of the same tribe are hospitalized in the same institution. The Pima Indian recovery rates at Tempe State Hospital, and the Siouxan recovery rates at Canton, South Dakota, point in this direction.

Many other points could be mentioned, notably the content of the hospital library; the meaningfulness, in Indian terms, of the amusements and recreations offered; the emotional significance of rules and regulations; native attitudes toward psychosis and materia medica; and so on. All these, and many others, are so many question marks that only future research can answer.

Suggestions.—In view of the small number of Indian psychotics, it would be feasible to concentrate them in a single Federal hospital. The staff of the hospital should include at least one trained anthropologist, to act in an advisory capac-

[1] See "*L'Envoûtement chez les Indiens Mohave,*" by G. Devereux. *Journal de la Société des Americanistes des Paris* (new series), Vol. 29, pp. 405–12, 1937.

ity. It is desirable that the medical and nursing staff of the hospital should have at least a minimum of anthropological sophistication.

Indian inertia and the lack of psychiatric training of the average Indian Field Service physician are responsible for the fact that only extremely deteriorated Indians are at present hospitalized. This fact greatly decreases the rates of remission and recovery. At present each medical district of the Indian Field Service has several roving specialists, such as ophthalmologists, and so on. This precedent would warrant the appointment, in each medical district, of a roving psychiatrist, who could familiarize himself with the more important phases of the culture of the tribes in his area. He could be assisted by an anthropologist of the Indian Field Service attached to each district.

One of the most important phases of this program would be the training and selection of competent social workers. The present social-work set-up on the reservations is altogether of the "lady bountiful" type. The training of a body of expert social workers for Indian reservations would involve the establishment of anthropological courses in recognized schools of social work. Such courses would be created automatically, once social-work schools became aware of the fact that a new outlet for trained social workers had been opened up.

Laudable as the present system of appointing Indian social workers may be, the fact that one is a Sioux Indian does not qualify one to do social work among the Navajo Indians. Social work is a profession, not an avocation functionally connected with skin color, like being a Mammy-singer. Indians who wish to enter the Federal civil service as social workers on Indian reservations are quite as much in need of anthropological training as are whites. First of all, any field anthropologist knows that only a very small fraction of a given tribe is capable of thinking of the tribal culture in formal terms and on the verbal level. Furthermore, because of in-group frictions, it is highly unsatisfactory to send a trained Indian social worker to her own tribe. Any one with an understanding of the nature of social work would hesitate to put a social worker in charge of her own family. Again,

it would be unwise to put a Sioux social worker in charge of a Crow Indian reservation, because of ancestral enmities.

These trained social workers would be extremely useful in compiling meaningful case histories, in locating incipient psychotics, and in guiding the rehabilitation and the readaptation of the discharged Indian psychotic.

This field of work, if opened up to Indian college graduates with a formal social-work training, would provide a long-needed field of action for a capable race unduly handicapped by social shortsightedness. The initial expenditure would be small, and the operating costs would be less than the savings that would result from abbreviated hospitalizations and early cures.

RECREATION IN THE MENTAL HOSPITAL *

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IT is becoming more and more evident that recreation is entering upon a vastly enlarged field of usefulness. A great change has taken place in our conception of recreation since the day when play was considered a folly and a waste of time. Its possibilities were first discovered in the field of education, where the emphasis placed upon it as an aid to learning served to raise its importance and prestige. Then came the realization of its value for social adjustment, when it was found that suitably selected play activities could be used to help people get along better in group relationships. After this stage, or perhaps concurrently with it, the medical specialties discovered in recreation certain reactivating, relaxing substitutive and counteracting influences that served to brighten periods of convalescence and possibly to shorten this period of treatment. "Convalescent therapy" was the term used, close to half a century ago, by Dr. Frederick Brush, of the Burke Foundation of White Plains, New York, to describe this utilization of recreation. Through more specific application, gymnastic exercises and other formal exercises and play activities have gradually been developed into corrective regimens for both physical and mental conditions. To-day, recreation occupies a wide and, I feel, a deep area of usefulness in the field of modern medicine.

I shall discuss here merely one aspect of this broad subject —the rôle that recreation may play in the work of the mental hospital.

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Mental hospitals are at present undergoing the latter stages of a most happy evolution from the old asylum of custodial care to the modern hospital of active and progressive treatment. The public at large is exerting pressure from outside to the end that these hospitals may become more humane, while hospital administrators are more than equaling this pressure from inside, by promoting closer and more friendly relationships between the patient and the hospital worker. The hospital administrator is also employing methods of improving the relationship between the hospital and the public, so that the man outside may become more fully acquainted with the problems inside the hospital.

In all this, the fundamental importance of understanding mental illness as a social maladjustment is becoming more apparent. With this concept naturally comes that of the responsibility of the public for the mental patient, to take its place with the social forces and influences that are fundamental both in the understanding and in the treatment of mental disease.

Starting about one hundred years ago as a diversional medium, recreation has been gradually added to the system of treatment until to-day it has attained the prestige of a therapeutic approach. Formal physical education, as taught in colleges and universities, has made some contributions to the field of recreational therapy as employed to-day in mental hospitals. The tendency, however, is to study the possibilities of this form of therapy from the standpoint of psychiatry. There is no doubt but that the psychiatric is the only really effective approach.

What is the psychiatric approach? I am reminded of the man who described a drunkard as one who feels sophisticated, but can't pronounce the word. The criticism is often made that psychiatric terms and formulations are so recondite, so ponderous, and so complex that the average worker in this field who has little psychiatric training finds them of small use. I feel, however, that this criticism exaggerates the difficulty somewhat. There is evolving a social-psychiatric terminology that is serving to clarify and to focus the problems incident to the development of a system of recreation as treatment. In the first place, there are an increasing number of workers who feel that the terms "physical education,"

"formal and informal exercises," "physical exercise," and even "resocializing exercise" should give way to the more meaningful, exact, and comprehensive term "recreational therapy" when applied to the mentally ill. This simply means that recreation is accepted as a distinct form of treatment, and thus is given the prestige of a medical status, a position to which its proven effectiveness in the hospital entitles it.

While acknowledging the valuable contributions that formal education may make to the methods and to the psychology of play activities in the treatment of mental illness, the modern point of view in medical circles is preponderantly upon the side of the mental-health approach that is being gradually developed through experience and experimentation in mental hospitals by workers actively engaged in these projects. The psychiatric approach may be said to represent the utilization of recreation suited to the interest, understanding, and physical and mental tolerance of the patient, for the purpose of assisting him to make a more acceptable social adjustment.

What are the possibilities of recreational therapy for the mental patient? Let us consider them in connection with the disease known as dementia praecox. Dementia praecox furnishes state, Federal, and private hospitals with a fifth of their yearly intake, and because patients of this type live longer than the organic cases, they constitute one-half or more of the patient population of these hospitals. This group may be most favorably affected by a diversified program of recreational therapy. The problem is to interest and stimulate them so as to provide a wholesome substitute for their phantasy life. The play impulse is strong and persistent, and in spite of delusions and hallucinations, many of these patients—possibly as high as 35 per cent of them —will take part in simple forms of play, while an equal number will participate in more formal and automatic activities, such as calisthenics and gymnastics. This is significant when one considers the fact that these individuals are characterized by a self-absorbed type of reaction that makes the evocation of socializing activities a difficult problem. Many patients will play who will not enter into any other type of constructive activity, and some gain a degree of skill that enables them to defeat even strong normal players.

One such dementia-praecox athlete, who had played quite a remarkable game of golf, gave a clever explanation of his prowess. When I asked him how he accounted for his marked improvement in this game, he said, "Well, you know, the mentality may become bent, but the athletic bent remains unbent."

The fact is that interest in play, once reactivated, seems to persist, in spite of cycles of depression and excitement and in spite of disturbing delusions and hallucinations. Workers in this field are constantly more firmly convinced of the important fact that in many types and levels of play they have a distinctive approach to the psychotic patient through which they will frequently be able to start him in constructive activity when all other methods fail.

To be effective, such activities must, of course, be graduated to meet the distinctive needs of the patient, somewhat as one would graduate activities in grammar and high school, using simple activities with the beginner and more complex activities with the high-school student. One should not overly simplify the situation, however, in the belief that the far-regressed patient has become childish and cannot engage in adult activities. Activities should be selected so as not to destroy his feeling of self-respect by rebuffing his sense of growth. Patients frequently complain that we are giving them baby activities when they are men.

The possibilities of a comprehensive program of recreational activities in a large mental hospital may be illustrated by the following set-up at one of the 1,400 bed hospitals of the Veterans Administration:

INFORMAL ACTIVITIES

LEAGUE ORGANIZATION

Type of exercise	*Number of participants*	*Type of patient*
Baseball (6-team league)	64	Mainly functional
Soft ball (4-team league)	79	
Volley ball, senior (8-team league)	102	
Volley ball, junior (4-team league)	60	
Code ball (4-team league)	71	Mainly organic
Bowling tenpins (8-team league)	89	
Bowling duckpins (4-team league)	56	

INTER- AND INTRA-WARD ORGANIZATION

Type of exercise	*Number of participants*	*Type of patient*
Badminton (daily games)	18	Mainly functional
Handball (daily games and weekly tournament)	18	
Tennis (daily games and weekly tournament)	21	
Dancing	150	
Bowling duckpins (daily games)	102	Mainly organic
Code ball (daily games)	52	
Croquet (daily games)	26	
Horseshoes (daily games)	48	
Pocket billiards (daily games)	83	
Golf (daily games and weekly tournament)	52	Functional and organic
Swimming (daily)	102	
Cards	300	
Motion pictures	900	
Field-day events, activities held for special occasions, holidays, and so forth		
FORMAL ACTIVITIES		
Calisthenics (3 types of complexity, for (1) active, (2) moderately active, and (3) inactive types of patient)	500	Functional and
Gymnastics (stunts and individual exercises)	112	

The conclusions to be drawn from experiences with such a recreational program as this might be formulated somewhat as follows:

1. Recreation, because of its many levels and grades of complexity and its strong phylogenetic appeal, has great potential value for modern mental therapy.

2. The development of recreation in the hospital should be accepted as a communal project in which both the patient and the hospital worker may find a pleasurable and well-motivated outlet for self-expression. The resocializing aspect of the problem should be stressed. The utilization of a sports program to enable the patients to get along better with one another is a valid objective.

3. To reach their highest usefulness, recreational activities should be diversified and balanced to include passive as well as active types. Extraverting elements must be present so that the individual may have suitable substitutions in reality for delusions and hallucinations in the field of his phantasies.

4. Recreational activities should be progressive so that the patient may advance by definite stages from automatic to social levels.

5. The training of the therapist should be first in the psychiatric point of view and methods, and secondly in the specific recreational activities.

6. The ability of the therapist to organize "infectious relationships"—to use the phrase of Dr. Adolf Meyer—through play activities, is fundamental. Such happy socializing situations are inherent in play, but require a specialized training and social aptitudes for their evocation.

7. Mental patients seek the opportunity to do something that is noncoercive and something that they really like. There is nothing in the mental hospital that is accepted with better morale and more spirit than recreational therapy. Psychotic patients complain more about the restriction than about any other feature of hospitalization. They frequently develop a psychology of restriction. Recreation is one of the most potent influences for counteracting such an oppressive feeling. Play is above all expansive, free, and happy, and in the movements of play the patient may unconsciously develop a tolerance for the necessary restrictions in the hospital environment.

8. The psychotic patient frequently feels that he has much ability which society neither recognizes nor appreciates. In suitably prescribed recreational activities he has an expression for this ability in the fair and impartial atmosphere of a game or sport.

9. Undisciplined aggression may become happily disciplined under the excitement of a suitable recreational activity; and, conversely, the excessively timid patient may develop a healthy degree of aggressiveness through types of active recreation that tend to build confidence through the development of physical skills.

10. Recreational therapy in the modern hospital is an important medical adjuvant in developing attitudes that not only are conducive to the greater happiness of the patient, but that tend to make him more modifiable and accessible to other therapeutic practices.

11. Recreational therapy is not a panacea for mental illness. It has definite limitations. These limitations, however, relate mainly to methods of application rather than to the nature of the activities.

12. Recreational therapy is not an end in itself, but it is a most valuable complementary adjunct to a well-balanced therapeutic regimen of work, rest, and reactivation. And because it is so deeply rooted in the natural activities of the individual, it offers a strongly motivated medium for diagnostic and remedial treatment. Its increasing effectiveness depends upon the spirit, insight, and education of the therapist and the understanding support of the hospital administrator and the hospital system. '

SOME SOCIAL AND PSYCHOLOGICAL CONSIDERATIONS IN THE EDUCATION OF THE HANDICAPPED

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THE state is responsible for programs of child welfare and education. It has the primary responsibility for developing programs and procedures that will yield the maximum results to the state, the family, and the child. Education is held to be in the interest of the state. The state pays, whether the education be good, bad, or indifferent.

The legislature and the educational law define the physically handicapped, and by definition segregate them from the blind, the deaf, and those now receiving school attention for malnutrition or for speech defect. State residential schools offer a complete service for their handicapped pupils, including physical, medical, intellectual, recreational, and social care. Thus the state brings the communal resources to its handicapped children. It indicates the pattern of sound education for them.

Municipal administration provides day schools and classes designed to offer general and special education and to foster the reference of cases to external social medical agencies. It is less effective in its directive forces. Its shortcomings are liabilities to the state.

Public education, dependent upon public monies, should provide educational organization and procedures that will bring the highest return to the community through the development of a capably functioning citizenry. The society that educates is no less important than the child who is subject to education. Education should make adequate return to the state.

Public schools cannot meet the needs of all children because of the diversity of diseases presented, the combinations of handicaps, the difficulties of geographical distribution, the lack of facilities and personnel, and the relatively high cost of

the complicated services requisite to meet the needs of relatively small numbers of children. These facts must be faced, without any local sense of inferiority or sensitivity to criticism. The state should not be satisfied with inadequate service nor should it ignore or condone it.

The problems of the handicapped involve their gross social and economic values to the community and the personal development of their asset values. The educational problems arise from the various potential educational advantages that must be offered children with various cerebral, motor, sensory, and vitality deficiencies. States can make better provisions than cities, and for some children they alone can offer the only rational education.

The early education of deaf and of blind children requires residential schools, preferably under state auspices. The total education of various types of the orthopedically handicapped merits schools under state direction. The educational program for the deviate should be designed to lessen to the minimum their deviation in maturity.

Education itself is one phase of the problem of many handicapped children. A large proportion of them can function acceptably in the regular classes of ordinary schools or should receive special care in some special class of a regular school or, if their numbers warrant it, in a special school. A definite proportion can be educated only under state auspices.

Intelligent educational administration involves the articulation of all agencies that serve handicapped children. This concedes the value of communal service organizations. The educational system should be guided by practicality rather than sentimentality while working toward its ideal goal. It is unwise to attempt to force all forms of child care upon an educational system. Schools lack the complete responsibility for children just as they lack complete facilities for the educational and vocational development and guidance of the handicapped.

School administrators should differentiate between a short-term disability and chronic disease. They should evaluate the potential social end products of education. They should allocate with due consideration the possible social values arising from the available educational machinery. They

should diversify the degree of educability and the place where it may be facilitated to a higher level. Individual results in terms of probable maximum independence are but one criterion of educational success. Can administrators prove that education pays the community? Is the test to be found in economic resourcefulness or in personal growth? In jobs or in happiness?

Educability should serve as the foundation of an educational program. Mental handicaps should be sharply differentiated from physical limitations. Dual handicaps should be evaluated in terms of personality potentials. The development of total personality demands greater consideration than mere learning under conditions of mandatory segregation. The fundamental psychology of handicapped children involves their total personalities. Basically, their psychology does not differ from that of non-handicapped children. In the last analysis all psychological responses are personal and individual, although some definite trends exist for groups of children with specific handicaps.

School administrators should seek to establish a unified program and policy of communal coöperation in the interest of all school children, of whom the handicapped form a part. This involves formalized relations with departments of health and hospitals, with clinics and courts, and with all the key public and private service welfare agencies and all institutions that can facilitate educational guidance of the home and family in the interest of the children. Education should be integrated in the broadest communal sense.

The deep concern of the state in educational care is already manifest in its laws. The law stresses "instruction adaptable to the mental attainments and physical conditions." The interest of the state is thus implied as well as its responsibility for education in terms of general ability to profit by it. Hence there is need for greater emphasis upon individual educability than upon mere physical handicap. Educational administration should take more effective leadership in socializing education by educating society concerning the relation of educability to schooling and vocational training.

The social implications are numerous. The necessity for a wider understanding of familial life as related to the needs of

individual children is obvious. The economic, social, medical, and vocational factors entering into personality and its adaptability involve more than routine scholastic measures. Any department for physically handicapped children should be concerned with their psychological constitution and the problems growing therefrom. School procedures should be based upon the educational needs thus revealed.

It is necessary to differentiate between the handicap and the child who has the handicap. His personal psychology is definitely related to the reactions of the group or groups with whom he lives and attempts to function. There are differences between the superficial appearances and the deeper reality, the conscious distress and the unconscious conflict. The child is not to be treated as if he were merely the sum of his limitations. This holds true even for those with mental defects.

The physical factors that enter into psychological organization must be related to intelligence and special ability or disability as well as to physical size and motor coördination. Both physical status and intelligence are caught up in natural emotional reactivity. Still further personal reactions ensue from internal or external trends as affected by social limitations incidental to the handicap.

The degree of handicap, as described, does not indicate the probable psychological response to its existence. The loss of one thumb may bring about a more dysgenic psychological reaction than the complete non-function of an ankle. There are simple conscious conflicts among handicapped children resulting from the difference between their desires and their potentials, and there are unconscious conflicts due to deeper yearnings and their necessary frustration. Such conflicts are not peculiar to handicapped children, but they are more apt to develop in these children.

Physical disabilities existent at birth profoundly affect personality through the underlying relationships that they create between parents and children. When handicaps develop later in childhood, the basic attitudes depend upon whether the child learns to live in terms of what he possesses or whether his thoughts dwell mainly on what he has lost. The crippling of personality is a greater menace to well-being

than any physical disability. The feeling tone centered about a personal handicap takes partial color from that developed through the parent-child relationship. Acceptance of a handicap is difficult when the child has a feeling of rejection, and parental rejection may lead to self-rejection.

Like all children, the so-called "handicapped children" make efforts at a self-satisfying adjustment. When this is not achieved, they reflect compensatory effort variously, some by intellectual effort, industry, and persistence in scholastic work, others by day-dreaming and social withdrawal, still others by attempting to find a balancing pleasure in infantile reactions or aggressive acts that increase the attention bestowed upon them. Generally speaking, however, in organizing his personality, the handicapped child is willing to undertake constructive thinking. Through his effort he develops a favorable feeling tone that stimulates conscious effort to overcome to the maximum the local effects of the disability and to reduce its diffuse effects upon the personality.

The paramount social aim of education should be the most effective personality organization. This involves an integration of the personality on the basis of the most complete function of all the potentials, with the maximum reduction of all directly limiting effects of the handicap. The child's total potential psychological function should be viewed in the light of his normality rather than on the basis of any abnormality represented or implied by the handicap. This goal of personality development includes preparation for social living in terms of work, play, love, and worship. It envisages the attainment of maximum economic independence and the greatest possible degree of social happiness through participation without loss of self-respect.

The state is concerned with the self-sufficient, economically independent citizen. Educational guidance should be directed toward this goal, which is especially significant for the physically handicapped. It is an end not to be reached by stressing weakness or by setting forth abnormal situations for educational development. Psychologically speaking, the more normal the school environment, the better are the facilities for educating the handicapped with the other children. Normal personality is more readily attained through normal social life.

The feeling of segregation from normal groups constitutes a secondary handicap. It tends to increase rather than to decrease the psychological deficiencies of the children who desire to function normally during education. Institutional life, class segregation, hospitalization, home teaching, establish special factors operative in determining the psychological organization of those set apart from normal living. All handicapped children have need for careful psychological, psychiatric, economic, and social diagnosis as a basis for intelligent guidance and placement. Segregation as a routine is administrative evasion of the personal problems of the handicapped.

Classes for the handicapped have been based too largely upon traditions. There has been too great a readiness to generalize as to their worth, with the result that more or less arbitrary rules have been established for admission to and dismissal from special classes. Because of the long-voiced emphasis on individual differences, many school children slightly above or below special scales or functional zones fail to receive the individual educational placement that they require.

There has been too much dependence upon diagnoses that often are lacking in clarity. There is a diagnostic difference between crippled children and orthopedic children, just as there is between the psychology of a child with tuberculosis of the spine and one who has had an infantile paralysis. To classify children as speech defectives, cardiac cases, or epileptics does not indicate the conditions from which they suffer or their differences in factual functional status. Such diagnostic terms do not indicate level of total educability or possible social competence. Hence most classes for physically handicapped children fail to make the psychological distinctions that are the basis of intelligent educational leverage. In any group called handicapped, the psychological distinctions depend upon (1) the extent or degree of the handicap; (2) the effect of any one handicap in relation to any other handicap, including the mental; (3) the effect of the handicap in terms of the total personality; and (4) the secondary effects of being set apart as an educational type as a result of school classification.

The educational disposition of any child with a handicap

should depend upon the psychological facts and implications arising from these four relationships. They are the factors that determine the individual differences that cannot be averaged by class grouping. In practical school organization, the educational disposition to regular or special placement depends upon (1) economic conditions, (2) home background, (3) location of home with relation to possible facilities, and social grouping, and (4) opportunities based upon class registrations.

Clearly the psychological problems of every child depend upon what he is in terms of his constitution, vitality, and body-mind organization, and what society requires of him in terms of living, learning, working, and later marrying. From the psychological standpoint, the educational program should be based upon his psychological needs in terms of what he is and what he is to be. These needs may be called psychological and physiological, but both are involved in other needs that are economic and social. The arousal or preservation of self-respect, some relative advance in the recognition of reasonable social achievement, involves many psychological factors that enter into personal living and social adjustment. They must find growth in expression at all age levels in the home, in occupation, in isolation, and in companionship.

With these implications in mind, the fundamental general recommendations for all classes of the handicapped would be those applicable to the welfare of all school children. The following are of special interest:

1. The school program should provide adequately for individual growth and development in terms of the facts, processes, and ideals essential for wholesome participating citizenship.

2. There should be a comprehensive school environment sufficient to permit and foster total personality development.

3. The teaching personnel should understand the psychology of the school child and, appreciating the essential assets and liabilities of school children, should have the capacity to stimulate and to direct their personal education.

4. The school system should have a functional organization that will permit a reasonable degree of coöperation between the home and the school in the interest of the welfare of the children.

5. The board of education should foster an administrative organization that will enable the professional corps to facilitate the best possible foundations of life and promote the maximum development or intellectual powers and practical vocational skills.

6. The schools should develop broader recreational opportunities for the sharing of social life in the interest of satisfying emotional needs and encouraging a balanced personality.

Special recommendations for particular groups of children would include many elements that need not be discussed here. They involve such educational services as are necessary for the sound development of the children with particular handicaps, whose problems have to be met by special classes and special schools, in hospitals, or at home. One thing is certain, however—there is need for more appreciation of total communal service for handicapped children. This may require the organization of more workshops, modifications of civil-service laws, the extension of facilities for camp care, a wider extension of the protective values of social agencies, and improved opportunities for extended custodial care for some children, with the planned utilization of all communal forces that can facilitate better social service for all handicapped children.

In the last analysis, school administrators, with their understanding of the problems of childhood, should take local leadership in communal planning and in the functional organization of local resources that can advance education for all children without distinction. What they cannot do well should be carried by the state. This will require a careful appraisement of which is better for each child—local or state care. The education of all the children remains the responsibility of the state, regardless of the delegation of mandatory and permissive functions to boards of education and to parents. Administrative ambitions should not betray the children who are most in need of careful guidance and training. Beyond question, a program based upon broad educational vision will enrich the opportunities of the handicapped and enable them more adequately to serve the community with a higher level of normality, efficiency, and happiness.

MENTAL-HYGIENE PROBLEMS IN AN URBAN DISTRICT

SECOND PAPER*

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THIS paper is the second in a series of reports on the findings of a survey of mental-hygiene problems in the Eastern Health District of Baltimore, an urban residential district whose economic status is somewhat less favorable than that of the general urban population. A full description of the district, of the methods of case finding and the statistical procedure employed in the study, and of the system of classification used, will be found in the first paper of the series.[1] The present paper discusses the psychotic cases discovered by the survey and four groups of cases included under the general heading "Neurotics."

THE PSYCHOTICS

The 1936 survey led to the discovery of 367 psychotic persons living in or allocated to the Eastern Health District. The cases were of the following types:

1. Psychotic patients in public and private mental hospitals admitted from or discharged to an Eastern Health District household in 1936.

* After the introductory paper of this series had gone to press, new tabulations of the Eastern Health District were completed by the Department of Biostatistics. Duplications and other errors have been eliminated, and the number of inhabitants is now given as 55,129 instead of 57,002. As all major groupings of the population are equally affected by the revision, the percentage distribution by race, sex, age, and so forth, remains virtually unchanged. All rates in the present paper are based upon the revised population data.

[1] See MENTAL HYGIENE, Vol. 25, pp. 624–46, October, 1941.

2. Hospital patients admitted prior to 1936 and not discharged in 1936 who were identified with a district family, or whose latest available address was in the district.

3. Residents of the district who were known to have suffered from psychoses at some time in 1936, but who had not been admitted to any institution during that year.

In addition to these 367, our material contains 26 individuals who were classified as "with psychotic traits." In these cases either the psychotic manifestations were of an ephemeral nature or else the available information was too scanty to permit unequivocal classification of the condition. Twenty-one were whites and five Negroes, and the cases were evenly divided between the sexes.

Furthermore, 114 "post-psychotics" were discovered. By the definition of our study, these were individuals, known as residents in the district in 1936, who had been psychotic at some time prior to 1936, but were not known to have been psychotic during that year. Most of these had also been in hospital at some time in the past. Of these 114 cases, eight showed neurotic manifestations in 1936, five were epileptic, and four mentally defective, while 18 presented other forms of personality maladjustment. Of 79 cases no information aside from that relating to residence in the district was found in our sources. Some of these may have been ill in 1936 without coming to attention. We believe, however, that the number of such cases is small.

To turn now to the 367 individuals classified in the 1936 survey as psychotic, data are available on the types of psychosis represented in the group and the number of individuals showing each type. The whole group can also be divided according to sex, race, and age, and according to the income of the family in which the case originated. The facts concerning hospitalization are also available and will be presented.

Before going on to the tabular presentation of the material, certain features of the diagnostic subgroups included under the general term "psychosis" should be discussed. The term "schizophrenia," as we have used it, includes pictures that have been called paranoid states or paranoia by our sources. The classical differentiation between these delusional disorders and the more rapidly deteriorating types

has not survived the critical review of more recent investigations, and we felt that for the type of grouping that our material allows, the combination indicated would not do violence to the concept of schizophrenia. In any case, the number of cases diagnosed as paranoia was, of course, very small and a separation of them into a special group does not influence the findings.

We have, perhaps for less satisfactory reasons, not included cases diagnosed as reactive depressions with our manic-depressive group, but will treat them later with the neuroses. Cases of involutional melancholia have been treated as a separate group, our judgment on this point having been influenced by consideration of the differences between this group and that of the manic-depressives in the matter of age of onset, of the symptomatology observed in the cases, and of prepsychotic personality.

Senile and arteriosclerotic psychoses have been grouped together. From statistical reports on these diseases, it appears that the age of onset is of importance in determining classification. If the patient is under sixty or sixty-five, the tendency is to make a diagnosis of arteriosclerotic disease; in a patient older than that, the disorder is classed as senile psychosis. We do not wish to prejudge the possibility of differentiating these types of psychosis, but for our purposes, and for the reason given above, we felt justified in grouping the two diagnoses as one, which might be labeled "mental disease of advanced age."

Alcoholic psychosis included pathological intoxication, delirium tremens, and Korsakoff psychosis due to alcohol. Syphilitic psychoses were for the most part cases of paresis or tabo-paresis, though there were a few meningo-vascular involvements. Psychoses with epilepsy and with mental deficiency include cases so diagnosed in state-hospital practice in Maryland, which were accepted as such in our classification. The group labeled "other psychosis" is made up for the most part of deliria due to some known physical cause other than alcohol, and of psychoses due to trauma. The "undiagnosed" group is made up of cases that were shown by their records to be psychotic, but for whom no medical diagnosis was available. This group will be discussed in greater detail after consideration of Table 1.

Table 1 summarizes the basic data on the 367 psychotics. The most impressive fact in this table is the dominant position of schizophrenia. Manic-depressive psychosis and the senile and arteriosclerotic group rank next. In 31 cases, a medical diagnosis was not available, but in many of these sufficient information was at hand for at least tentative allocation. An attempt to classify these cases was, in fact, made by the study and yielded the following "probable" diagnoses: 15 senile or arteriosclerotic psychoses, five schizophrenias, two traumatic psychoses, one psychosis due to alcohol, and

TABLE 1.—DISTRIBUTION BY TYPE OF PSYCHOSIS, SEX, AND RACE OF PSYCHOTICS DISCOVERED IN 1936 SURVEY

Type of psychosis	*Males*	*Females*	*Whites*	*Negroes*	*Total*
Schizophrenia	79	79	140	18	158
Manic-depressive	13	28	36	5	41
Involutional	4	3	7	–	7
Senile and arteriosclerotic	20	18	34	4	38
Alcoholic	10	5	9	6	15
Syphilitic	26	3	20	9	29
With epilepsy	9	–	9	–	9
With mental deficiency	10	18	18	10	28
Other	7	4	8	3	11
Undiagnosed	11	20	28	3	31
Total group	189	178	309	58	367

one each with epilepsy and mental deficiency. Only six individuals remain completely unclassifiable. If the "probable" cases are added to those with psychiatric diagnoses, then the number of schizophrenics increases to 163, the manic-depressives drop back to third place, and the senile and arteriosclerotic group advances to second position.

The sex distribution shows approximately equal numbers of males and females in the psychotic group as a whole. This fact, however, conceals certain important relationships, for in some diagnostic groups there was a marked predominance of one sex. There were more than twice as many alcoholic, syphilitic, and epileptic cases among the males as among the females. If we leave out of consideration for the moment the epileptics, in whom the psychosis was an incident in a long illness, it will be seen that the psychoses that show male predominance are those due to exogenous causes. It is interesting to speculate whether this is due to the *mores*

of the community only, or whether the male is actually more vulnerable to these noxæ than the female. There are as many males as females among the schizophrenics, but among the manic-depressives, females definitely predominate. Here, again, one may question whether this represents greater susceptibility in females or is in some way dependent on cultural factors.

In interpreting distribution by race, it must be remembered that there are 21.5 per cent Negroes in the adult population of the Eastern Health District. Among the psychotics, the

TABLE 2.—AGE DISTRIBUTION OF PSYCHOTICS DISCOVERED IN 1936 SURVEY

Age group	*Number of cases*	*Rate per 1,000 of the population*
0–4	—	—
5–9	—	—
10–14	1	0.18
15–19	12	2.28
20–24	15	2.83
25–34	69	7.29
35–44	94	11.24
45–54	68	11.12
55–64	50	14.45
65 or over	58	21.57
Total group	367	6.66

colored race is under-represented, only 15.8 per cent of all cases being Negroes. The Negroes furnish more than their share, however, of alcoholic and syphilitic psychoses and psychosis with mental deficiency.

It should be noted that the number of psychotic cases covered in this study is small and that many of the numerical relationships are, therefore, statistically insignificant or of doubtful validity. The complete absence of female and of colored patients with epileptic psychoses and of involutional psychoses among Negroes is, of course, purely accidental.

The age distribution of the psychotics is given in Table 2. Their median age was 44.2 years as against 27.8 for the general population. The age-specific rates show a practically continuous and a fairly regular increase with age. As we have previously explained, these are one-year prevalence rates which cannot be directly compared either with annual incidence or with one-day prevalence rates. They indicate

how many persons were ill at some time during the year, but not how many became ill or how many were ill simultaneously. As we noted in connection with the sex distribution of psychotics, when one deals with all psychotics together as a single group, interesting and significant features are concealed, and this is true in the case of age distribution also.

The great differences in age-specific rates necessitate the proper age adjustment of prevalence rates for population groups of unequal age distribution. The age-adjusted rates as well as the crude rates for the various sex and race

TABLE 3.—DISTRIBUTION BY RACE AND SEX OF PSYCHOTICS DISCOVERED IN 1936 SURVEY

	Number of cases	*Rate per 1,000 of the population*		
		Crude rate	Age-adjusted rate	Standard error
White males	157	7.50	7.38	.59
White females	152	7.04	6.65	.56
Negro males	32	5.25	5.92	.98
Negro females	26	3.99	4.68	.87
All whites	309	7.27	7.00	.40
All Negroes	58	4.60	5.29	.65
All males	189	6.99	7.08	.51
All females	178	6.33	6.27	.48
Total group	367	6.66	6.66	.35

groups among these psychotics are shown in Table 3. The Negro population of the Eastern Health District contains more children and young adults and fewer older people than does the white population. Therefore, the difference between the two groups is exaggerated in the crude rates, and is reduced by age adjustment to 1.71 per 1,000. The critical ratio of this value is 2.33.[1] The prevalence rates for all

[1] The critical ratio is the difference between two values divided by the standard error of this difference. It is a measure of statistical significance. The probability that a given difference is a chance result decreases very rapidly with increasing critical ratio. This is shown below. Differences with a critical ratio of less than 2 are described as insignificant in this series of papers.

Critical ratio	*Probability of chance result*
2.0	One in 22
2.5	One in 80
3.0	One in 370
4.0	One in 16,000
5.0	One in 1,750,000

males and for all females are but little affected by age adjustment because the age distribution of the two sexes is approximately the same. The male rate is higher than the female rate, but the difference is only .81 per 1,000 and statistically not significant. Of the four race-sex groups, only the Negro females have a rate significantly below the average.

Analysis by family income has been carried out only for 180 white psychotics, who could be identified with census individuals or households, and who had been hospitalized in 1936. Negroes were omitted because of the small numbers

TABLE 4.—DISTRIBUTION BY FAMILY INCOME OF 180 HOSPITALIZED WHITE PSYCHOTICS * DISCOVERED IN 1936 SURVEY

Family income	*Number of cases*	*Rate per 1,000 of the population*		
		Crude rate	Age + sex adjusted rate	Standard error
Relief	20	5.22	6.53	1.30
Non-relief under $1,000	69	4.96	4.70	.58
$1,000 to $1,500	52	3.88	3.85	.53
$1,500 to $2,000	27	3.87	3.79	.74
$2,000 and over	12	3.31	3.02	.91

* Excluding non-census individuals and those whose income was unknown.

involved and because of their uniformly low economic status; non-census cases, because their family incomes could not be ascertained; and non-hospitalized patients, because it was felt that the lower income brackets would be better covered by social agencies, dispensaries, and so forth than the more prosperous strata. Within these limitations, we find a definite association between low income and psychosis, as shown in Table 4. Again the material is too small for statistical proof, but the apparent regularity of the trend is highly suggestive. To what extent families have dropped into the low-income and relief groups just because of mental illness in a member, we are unable to judge from the type of data available. It would be of great interest to study the distribution of family income for each type of psychosis, but the small numbers do not warrant such an anlysis.

The basic data on the hospitalization of the 367 psychotic patients have been summarized in Table 5 in such a way as to make them comparable with official hospital statistics. The same set of data for the United States as a whole is also given. These national data are to some extent estimates

based on detailed reports from state hospitals and general statistics of veterans', county, city, and private hospitals. As, however, state hospitals accounted for 81 per cent of all patients under care in 1936, the margin of error is not large.

A comparison between our own and the national rates shows that the relations between the numbers of patients on books, of admissions, of discharges, and of deaths are approximately the same in both series, but that both the incidence and the prevalence of hospitalized psychosis in the Eastern Health District were about 25 per cent above the

TABLE 5.—DATA ON HOSPITALIZATION OF PSYCHOTICS DISCOVERED IN 1936 SURVEY AS COMPARED WITH U. S. DATA

	Eastern Health District		*United States*	
	Number of cases	Rate per 1,000 of the population	Number of cases	Rate per 1,000 of the population
On books at beginning of year	228	4.14	439,000	3.43
First admissions 1936	51	.93	87,000	.68
Readmissions 1936	15	.27	25,000	.20
Discharges 1936	34	.62	61,000	.48
Deaths in hospital 1936	19	.34	37,000	.29
On books at end of year	241	4.37	453,000	3.54
Total in hospital during 1936 *	294	5.33	551,000	4.30
Not in hospital during 1936	73	1.32	?	?
All cases	367	6.66	?	?

* That is on hospital books, including parolees.

national averages. This is not surprising considering the urban character of the district.

An analysis of the cases hospitalized in 1936 and the non-hospitalized is of interest because it throws some light upon the factors that tend to bring a psychotic person into an institution or to keep him out. The non-hospitalized were somewhat older than the hospitalized—median age fifty-one against forty-three years—and were more often females—59 against 46 per cent—but the race distribution was the same in both groups; in other words, psychoses in the older age groups are less likely to be hospitalized than those that occur earlier, and female psychotics are more likely to be kept at home than male.

Our records do not contain information as to the time of onset and the duration of many cases of non-hospitalized

mental illness. It is possible to estimate the one-day prevalence of psychosis, however, if it is assumed that the number of individuals ill at the same time would bear the same relation to the total number found in the year as did the "patients on books" on December 31 to all persons under hospital care in 1936; in other words, that the "turnover" of patients outside hospital is the same as of those hospitalized. The results of this computation are presented in Table 6 separately for whites and for Negroes. The total number of cases psychotic

TABLE 6.—ONE-DAY PREVALENCE OF PSYCHOSIS AMONG WHITES AND NEGROES

	Number of cases (estimated)	*Rate per 1,000 of the population*		
		Crude rate	Age-adjusted rate	Standard error
Whites	255	6.00	5.78	.37
Negroes	45	3.57	4.07	.56
Total group	300	5.44	5.44	.31

on any one day is estimated at 300. The white exceeds the Negro rate by 1.71 per 1,000, with a critical ratio of 2.60.

It will be noted that all patients on hospital books are considered as active. To consider patients on parole as active is not strictly logical, but because duration of parole period could not be ascertained in many cases, no other course of action was open to us. Of all patients on books in Maryland hospitals, 6.3 per cent were on parole in 1936. Assuming that 6.3 per cent of the 241 patients from the Eastern Health District in Maryland hospitals were on parole also, we arrive at the estimate that of the 241, 15 were on parole and 226 resident in hospital on any particular day during the year. It will be recalled that we estimated that a total of 300 residents of the district were psychotic on any given day. Two hundred and twenty-six of them were, then, resident in hospital and the rest, 74, were outside hospital. The important implication of these figures is that only about three-fourths of all psychotic persons of this area are hospitalized at any one time; the remaining 25 per cent—one-third of the number actually in hospital—are at large in the community and are a proper group for consideration in planning any community effort in mental-hygiene work.

The nearest approach possible at present to an incidence

rate of psychosis is the annual rate of first admissions. Only 51 individuals from the Eastern Health District were admitted for the first time in 1936, a number so low as to result in a very unstable rate. More stable rates can be computed for a seven-year period—1933 through 1939. These rates are presented in Table 7. In conformity with

TABLE 7.—DISTRIBUTION BY RACE AND SEX OF FIRST ADMISSIONS TO MENTAL HOSPITALS FROM EASTERN HEALTH DISTRICT, 1933 THROUGH 1939

	Number of cases	*Rate per 1,000 of the population*		
		Crude annual rate	Age-adjusted rate	Standard error
White males	159	1.09	1.08	.08
White females	112	.74	.71	.07
Negro males	63	1.47	1.63	.18
Negro females	54	1.17	1.31	.16
All whites	271	.91	.88	.05
All Negroes	117	1.31	1.46	.12
All males	222	1.17	1.19	.08
All females	166	.84	.83	.06
Total group	388	1.01	1.01	.05

earlier observations, the rates are higher for males than for females. Another point is most remarkable—namely, the higher rate for the Negroes as compared with the whites. The difference is .58 per 1,000, with a critical ratio of 4.12. This is in a striking contrast to our finding with regard to prevalence rates, where the reverse is true.

TABLE 8.—FIRST ADMISSIONS TO AND RESIDENT PATIENTS IN THE PUBLIC MENTAL HOSPITALS * OF MARYLAND, 1936

	First admissions	*Resident patients*	*Ratio*
Whites	688	4,525	1 : 6.6
Negroes	337	1,235	1 : 3.7

* Excluding Eastern Shore State Hospital and Sylvan Retreat, to which no patients from the Eastern Health District were admitted in 1936.

The phenomenon of a higher incidence rate in Negroes and a higher prevalence rate in whites can to a certain extent be explained by the difference between the two races in duration of hospital residence. That whites tend to stay in hospital longer than Negroes is indicated by the last column in Table 8.

This table covers those public institutions for mental disease in Maryland which receive the vast majority of hospitalized psychotics from the Eastern Health District and the ratio between resident patients and first admissions is much higher for whites than for Negroes. Statistics from the same hospitals show that colored patients have a higher death rate than whites—129.5 per 1,000 resident patients against 71.6 per 1,000.

It may be that psychoses in Negroes are of shorter duration than psychoses in whites, ending either in early death or early recovery, but it seems more likely that Negroes are admitted later in their illnesses and thus nearer death and are, perhaps, discharged less well recovered. So far as this is true, the conclusion cannot be evaded that the survey missed more non-hospitalized psychotics among Negroes than among whites, and that the prevalence rate for Negroes is, therefore, spuriously low.

One source of error is the great mobility of the colored population in conjunction with the continuous increase of the Negro race in the district. It is likely that we have missed more colored than white individuals whose families moved into the district after the patient was admitted to hospital, with no entry to that effect in the history. This, again, would depress the prevalence rate among Negroes.

Rates of first admissions from the Eastern Health District for the more important types of psychosis by sex and race are shown in the lower section of Table 9. The outstanding feature is the excess of males over females, and of Negroes over whites, in the alcoholic and syphilitic groups. The statistical significance of these differences is definitely established.

The age-specific rates of first admissions can also be used for an estimate of the probability that a resident of the Eastern Health District will become a (psychotic) patient in a mental hospital. Using a combination of the United States life tables for whites and for Negroes in 1929–31, weighted according to the representation of the two races in the Eastern Health District, this probability was found to be somewhat over 6 per cent at birth.

Finally, attention should be drawn to the fact that the number of cases and the rates presented in the present paper

cannot be directly compared to those reported by Cohen and Fairbank in their article on psychosis in the Eastern Health District,[1] which deals with the 1933 survey of our study. Cases of reactive depression were then included with the psychoses, but are not now. The number of cases classified as reactive depression in 1936 was eighteen. These individuals were all whites—six men and twelve women. Furthermore, Cohen and Fairbank calculated their rates on the basis of the population fifteen years of age and older, whereas the present analysis presents age-adjusted rates per 1,000 of the population of all ages. A later publication will present the two surveys for comparison of important findings.

TABLE 9.—DISTRIBUTION BY TYPE OF PSYCHOSIS, RACE, AND SEX OF FIRST ADMISSIONS FROM EASTERN HEALTH DISTRICT, 1933 THROUGH 1939

Type of psychosis	*Number of cases*				
	Whites	Negroes	Males	Females	Total
Schizophrenia	79	26	51	54	105
Manic-depressive	32	11	18	25	43
Senile + arteriosclerotic	60	9	42	27	69
Alcoholic	22	17	30	9	39
Syphilitic	26	24	43	7	50
Others	52	30	38	44	82
Total group	271	117	222	166	388
	Age-adjusted rate per 1,000 of the population				
	Whites	Negroes	Males	Females	Total
Schizophrenia	.27	.28	.27	.27	.27
Manic-depressive	.11	.13	.09	.13	.11
Senile + arteriosclerotic	.18	.19	.24	.13	.18
Alcoholic	.07	.19	.16	.05	.10
Syphilitic	.09	.29	.23	.04	.13
Others	.17	.36	.20	.22	.21
Total group	.88	1.46	1.19	.83	1.01

THE NEUROTICS

Four groups of cases of our general classification are discussed under the general heading "Neurotics." They are:

[1] See "Statistical Contributions From the Mental Hygiene Study of the Eastern Health District of Baltimore. II. Psychosis in the Eastern Health District," by B. M. Cohen and R. E. Fairbank. *American Journal of Psychiatry*, Vol. 94, pp. 1377–95, May, 1938.

1. The psychoneurotics. These are cases that have been seen and diagnosed by physicians, or on whom we have information so complete as to leave no doubt that we are dealing with a neurosis of one sort or another.

2. Adults with neurotic traits. Adults who show individual symptoms of the psychoneuroses or incomplete clinical pictures of that group are classified here.

TABLE 10.—DISTRIBUTION BY TYPE OF PSYCHONEUROSIS, SEX, AND RACE OF PSYCHONEUROTICS DISCOVERED IN 1936 SURVEY

Type of psychosis	*Males*	*Females*	*Whites*	*Negroes*	*Total*
Hysteria	1	5	3	3	6
Psychasthenia	1	3	3	1	4
Neurasthenia	3	16	17	2	19
Hypochondriasis	7	19	22	4	26
Reactive depression	6	12	18	–	18
Anxiety attacks	6	13	15	4	19
Other psychoneurosis	2	4	6	–	6
Mixed psychoneurosis	9	16	23	2	25
Undiagnosed	18	30	41	7	48
Total group	53	118	148	23	171

3. Children with neurotic traits. Neurotic traits are defined for children according to the *Statistical Manual.*[1]

4. The "nervous in census." These are cases that were reported as nervous either by themselves or by members of their families and about whom no further information is available.

Each of these groups will be described separately as to age, sex, and race composition, after which—when the reasons for making it are clear—we will attempt a synthesis of the groups.

The psychoneurotic group includes 171 cases. Seventy-two per cent of these were seen and diagnosed by physicians; the remaining cases have been placed in the group on the basis of other data, chiefly from records of social agencies. The distribution of these cases between the various diagnostic divisions of the general group, and according to sex and race, is shown in Table 10. The diagnostic classification used is

[1] *Statistical Manual for the Use of Hospitals for Mental Disease*, prepared by the Committee on Statistics of the American Psychiatric Association in collaboration with the Department of Statistics of the National Committee for Mental Hygiene. Utica, New York: State Hospital Press, 1934.

that of the *Statistical Manual.* As far as possible we used the diagnosis of the physician who originally saw the patient. This accounts for the large group of "mixed psychoneuroses." In some of these cases one group of symptoms or another is predominant, but we have felt it unwise to be more specific in classifying them for our present purpose. In many individuals more than one type of psychoneurosis were diagnosed, or at least symptoms characteristic of different types were recorded as existing either simultaneously or in succession; such cases have been listed as "mixed."

TABLE 11.—DISTRIBUTION BY RACE AND SEX OF PSYCHONEUROTICS DISCOVERED IN 1936 SURVEY

	Number of cases	*Rate per 1,000 of the population*		
		Crude rate	Age-adjusted rate	Standard error
Whites	148	3.48	3.42	.28
Negroes	23	1.82	1.96	.40
Males	53	1.96	1.96	.27
Females	118	4.20	4.20	.38
Total group	171	3.10	3.10	.23

"Undiagnosed psychoneurosis" is the group into which we placed all cases in which the study made the diagnosis on the basis of observations by others; it also contains a few instances in which the medical diagnosis—by clinic or practitioner—was "psychoneurosis" and nothing more.

It will be seen that "hypochondriasis," "neurasthenia," "anxiety attacks," and "reactive depression" are the terms most frequently used to describe the cases. The diagnosis of neurasthenia originated almost exclusively with general practitioners, psychiatrists using it hardly at all. This fact is suggestive of the reservation one must keep in mind in dealing with the data of a survey such as this.

In Table 11 we have presented the rates for psychoneuroses per thousand persons of all ages. Psychoneurosis was found to be more than twice as prevalent in women as in men. The female rate exceeds the male by 2.24 per 1,000, with a critical ratio of 4.78. In our analysis of the psychotics, we pointed out that in discussing the sex composition of the whole group, certain important differences between the individual psychoses are missed. This proves not to be the case

with the psychoneurotics, each subgroup showing approximately the same composition as does the whole. This is simply the epidemiological expression of the obvious clinical fact that there is less difference between hypochondriasis and anxiety attacks, for instance, than there is between a Korsakoff syndrome and schizophrenia.

Negroes apparently suffer from psychoneuroses less often than whites. The rate for whites exceeds that for Negroes by 1.46 per 1,000, with a critical ratio of 3.07. The same pattern holds for the subgroups, except in the case of hysteria,

TABLE 12.—DISTRIBUTION BY RACE AND SEX OF ADULTS WITH NEUROTIC TRAITS DISCOVERED IN 1936 SURVEY

	Number of cases	*Rate per 1,000 of the population*		
		Crude rate	Age-adjusted rate	Standard error
Whites	48	1.13	1.11	.17
Negroes	12	.95	.99	.28
Males	13	.48	.48	.12
Females	47	1.67	1.67	.25
Total group	60	1.09	1.09	.14

where the colored rate is almost four times that of the whites. While this is in accord with clinical experience, the number of cases in this study is too small to lend the clinical observation any support.

The median age of psychoneurotics was found to be 41.3 years. This was definitely an adult group, though it was somewhat younger than that of the psychotics.

The rates discussed here are one-year prevalence rates—that is, the numbers represent cases ill at any time during the year. If one chooses to think of the psychoneuroses as clearly defined illnesses, with definite onset and end, the distinction between this prevalence figure and the number of cases ill on any single day during the year must be kept in mind. If, on the other hand, psychoneuroses are thought of as dependent upon inherent constitutional factors, and the specific periods of psychoneurotic manifestations as exacerbations of tendencies always present, then the one-year prevalence rate is a correct method of presentation. We found it quite impossible to date onset and recovery in our cases. Consequently we present only one-year figures.

The adults with neurotic traits bear the same relation to the psychoneurotics as does the group with psychotic traits to the psychotics. Table 12 shows that these 60 cases have nearly the same race and sex distribution as the psychoneurotics. The female rate in this group is three-and-a-half times as high as the male, the difference between the rates being 1.19 per 1,000, with a critical ratio of 4.33. As before, the white rate exceeds the Negro, but the difference is not statistically significant. The median age of the group is 38.2 years, somewhat lower than that of the psychoneurotics.

We next take up the group of children with neurotic traits, whose distribution by race and sex is shown in Table 13.

TABLE 13.—DISTRIBUTION BY RACE AND SEX OF CHILDREN WITH NEUROTIC TRAITS DISCOVERED IN 1936 SURVEY

	Number of cases	*Rate per 1,000 of the population*		
		Crude rate	Age-adjusted rate	Standard error
Whites	132	3.11	3.26	.28
Negroes	30	2.38	2.06	.41
Males	91	3.37	3.29	.35
Females	71	2.53	2.58	.30
Total group	162	2.94	2.94	.23

As was pointed out above in the discussion on classification, neurotic traits in children are classified on a quite different basis from neurotic traits in adults. The adults are cases who show symptoms of psychoneurosis; the children are cases who present particular activities which the *Manual* calls "neurotic" or "habit disturbance" by definition, without relationship to any other psychopathological constellation. This difference in definition of neurotic traits makes it impossible to make a clinical comparison of the children of this group with the adults with neurotic traits, and the different demographic structure of the group bears out their incomparability. In contrast to the groups already discussed, the male rate is somewhat higher than the female, but the difference is not statistically significant. The white rate exceeds the Negro, however, the difference being 1.20 per 1,000 and the critical ratio 2.49. The median age was 9.9 years.

The children with neurotic traits present problems that are perhaps better discussed with the other mental-hygiene

problems of childhood and they will be so presented later. We are unable to say from our studies whether there is any relationship between neurotic traits in children and neurotic illness in adults.

The "nervous in census" are the cases reported to be nervous when the census enumerator visited the home, and on whom we are unable to obtain further information. There were 194 such cases. The sex and race distributions of this group are shown in Table 14. In general, the pattern of

TABLE 14.—DISTRIBUTION BY RACE AND SEX OF "NERVOUS IN CENSUS" DISCOVERED IN 1936 SURVEY

	Number of cases	*Rate per 1,000 of the population*		
		Crude rate	Age-adjusted rate	Standard error
Whites	164	3.86	3.67	.29
Negroes	30	2.38	2.85	.48
Males	52	1.92	1.94	.27
Females	142	5.05	4.99	.42
Total group	194	3.52	3.52	.25

distribution is the same as that of the psychoneurotics and the adults with neurotic traits. There is a marked predominance of females over males, the difference in the rates being 3.05 per 1,000 and the critical ratio 6.08. There is, again, a higher rate for whites than for Negroes, but the difference is not statistically significant.

The median age of this group is rather higher than that either of the adults with neurotic traits or of the psychoneurotic group, being 47.8 years. It is also higher than that of the psychotics. This higher age appears to be due to the inclusion of some menopausal cases and perhaps a few cases with early senile changes, this supposition being founded on facts obtained in cases that were at first placed in this group, but that we were later able to classify more exactly on receiving information from the physician attending them.

A comparison of the four groups of cases presented under the heading "Neurotics" indicates that there are certain definite similarities between the psychoneurotics, the adults with neurotic traits, and the "nervous in census." Each of these three groups shows a very marked preponderance of

females, and the difference between the rates for the two sexes is in every case statistically significant. In all three groups a higher rate is found for whites than for Negroes, although this difference does not always reach the level of statistical significance. The median ages range from thirty-eight to forty-eight years.

The parallelisms in the patterns of distribution by race and sex have seemed to us to justify the assumption that the three groups probably also share parallel psychiatric factors—that is, that the "nervous in census" and the "neurotic

TABLE 15.—DISTRIBUTION BY AGE AND SEX OF "ADULT NEUROTICS"* DISCOVERED IN 1936 SURVEY

	Number of cases	Rate per 1,000 of the population		
		Crude rate	Age-adjusted rate	Standard error
White males	99	4.73	4.63	.47
White females	261	12.09	11.56	.73
Negro males	19	3.11	3.44	.76
Negro females	46	7.05	8.12	1.11
All whites	360	8.47	8.20	.43
All Negroes	65	5.15	5.80	.68
All males	118	4.37	4.38	.40
All females	307	10.92	10.87	.62
Total group	425	7.71	7.71	.37

* Combining the psychoneurotics, the adults with neurotic traits, and the "nervous in census."

trait" groups may be similar in psychopathology to the psychoneurotics because they are similar in epidemiological features. This assumption is not based upon the statistical evidence alone, for we found that most of the cases of the "nervous in census" group for whom medical diagnosis became available were eventually placed in the psychoneurotic group, with the few exceptions noted previously.

For these reasons we have combined the psychoneurotics, the adults with neurotic traits, and the "nervous in census" to form a new grouping, which may be called the "adult neurotics," on the assumption that it will contain those cases of our material which show various grades of illness of a neurotic nature. The basic data concerning this combination group of 425 cases are set forth in Table 15. As the series is comparatively large, a more detailed breakdown can be given.

The race and sex differences are marked and regular. The white exceeds the Negro rate by 2.40 per 1,000, with a critical ratio of 3.07; the female exceeds the male rate by 6.49 per 1,000, with a critical ratio of 8.79. The median age of the group was 43.4 years.[1]

A distribution of the "adult neurotics" by family income is presented in Table 16. The analysis was confined to white persons reported as nervous in the National Health Survey. Almost 70 per cent of them are listed as "nervous in census"; in the remaining cases information from other sources

TABLE 16.—DISTRIBUTION BY FAMILY INCOME OF 234 WHITE "ADULT NEUROTICS" REPORTED IN NATIONAL HEALTH SURVEY

Family income	*Number of cases*	*Rate per 1,000 of the population*		
		Crude rate	Age + sex adjusted rate	Standard error
Relief	31	8.10	9.77	1.59
Non-relief under $1,000	90	6.47	6.70	.64
$1,000 to $1,500	67	4.99	5.06	.61
$1,500 to $2,000	26	3.74	3.68	.73
$2,000 and over	20	5.25	5.15	1.18

permitted more satisfactory classification. This limitation seemed necessary because the information available from psychiatric clinics, social agencies, and so forth, is known to be more abundant for the lower social-economic classes than for the more prosperous, whereas in the National Health Survey all classes were canvassed in the same way and there is at least no *a priori* reason to assume that "nervousness" was more readily reported in one group than in another.

This whole question of the selective and biasing forces operative in our surveys will be taken up at length in a later report.

Table 16 seems to indicate that neurotic manifestations are most prevalent in the relief population and that their frequency declines with rising income, at least until the $1,500 to $2,000 level is reached. The upturn of the curve beyond this point is based on too few cases to be statistically significant. In any case, no support is given by our findings to the widely held belief that those who are better off economically are the chief sufferers from neuroses.

[1] The psychoneurotic and the "nervous in census" groups contain a few juveniles. They are so few that we have felt the term "adult neurotic" justified.

SUMMARY

1. The 1936 survey of the Eastern Health District of Baltimore (population 55,000) discovered 367 psychotics and 425 adults with neurotic manifestations. There were 162 children with neurotic traits.

2. The number of psychotics at large in the community is estimated to be one-third of the number in hospital.

3. The psychotic group is made up of individual psychoses with divergent demographic patterns. The psychoneurotic group is much more homogeneous.

4. Alcoholic and syphilitic psychoses are more common among males than among females and among Negroes than among whites.

5. Known psychoneurotics, persons with neurotic traits, and persons reported as "nervous" in the census have very similar demographic patterns and are considered as a single group, which we have designated the "adult neurotics." This group shows female and white predominance.

6. Children with neurotic traits, defined according to the *Statistical Manual,* show a quite different demographic pattern from the adult neurotics.

7. Both psychoses and neuroses seem to be most prevalent in the lowest social-economic class of the white population.

MENAS SARKAS GREGORY

THE sudden death of Dr. Menas Sarkas Gregory on November 2, 1941, marked the passing of a distinguished clinician and administrator. His career was closely identified with the development of the Psychiatric Service of Bellevue Hospital and the Psychiatric Division of the New York City Department of Hospitals.

Dr. Gregory was born at Marash, Armenia, on July 14, 1872. His early development and education were markedly colored by contact with American missionaries in his native town. After graduating from the Turkey Central College at Aintab, he emigrated to the United States because of the unrest resulting from the Armenian massacres of that time.

He joined a group of fellow countrymen near Albany, New York, and secured employment in the laboratories of the Albany Medical College. Because of his interest in his work and his ambition to become a physician, he attracted the attention of those about him and it soon became possible for him to matriculate as a medical student at the Albany Medical College. In spite of the fact that he very largely maintained himself, he was able to graduate with honors in 1898.

During his summer vacations, he acted as a clinical clerk at one of the state hospitals, and as a result was attracted to psychiatry. After graduation, he decided to make it his life's work. The first four years of his medical career were spent at the Craig Colony for Epileptics and the Kings Park State Hospital.

In 1902 he was invited to be the assistant physician in the then recently organized psychopathic service of Bellevue Hospital. In 1904 he was promoted to the directorship and then, for thirty years continuously, he was identified with the tremendous growth and development of the Psychiatric Department of Bellevue Hospital, which last year had over 30,000 admissions. The conditions he found at Bellevue were primitive, to say the least. The atmosphere was distinctly custodial in nature and the status of the doctor-alienist was not much above that of a turnkey. As far as the medical staff of the hospital were concerned, psychiatry had little

to offer to the solution of the medical problems of Bellevue Hospital.

Dr. Gregory changed all this by his efforts and his attitude, and the staff of Bellevue Hospital came to recognize that psychiatry is a part of medicine. He constantly and persistently stressed the somatic relationships and implications of mental mechanisms. As a result, the medical board eventually set up independent medical and surgical services to take care of the needs of the psychiatric division.

It was due to Dr. Gregory's efforts and interests that psychiatry was recognized as having something definite to contribute to the various courts of the city and to the welfare, social, and penal institutions of greater New York. Dr. Gregory's capabilities and integrity as a psychiatrist had a great deal to do with the confidence manifested, especially by the courts, in the reports and judgments emanating from the Bellevue Psychiatric Service.

In 1929 there was a consolidation of the various city hospitals into one department, and Dr. Gregory was made the director of the Psychiatric Division of the Department of Hospitals. In 1931 he was invited to set up a psychiatric clinic at the Court of General Sessions, the largest court of criminal jurisdiction in the country.

His crusading spirit for the proper housing and care of the psychiatric patients of Bellevue Hospital bore fruit in the new Bellevue Psychiatric Hospital, which was opened in 1933. This modern plant, erected in an area of a square block, had a capacity of six hundred patients and was fully equipped with all modern laboratory and therapeutic facilities, including all phases of psychiatric research work. This building, for which he campaigned for a great many years, is a monument to Dr. Gregory's foresight and confidence in the future of psychiatry. His retirement to private practice in 1934 was greatly regretted by thousands to whom, at Bellevue, he had been an ever-ready friend in time of trouble. However, he left behind him at Bellevue Hospital concrete evidence of his contribution to the pioneer phase of modern psychiatry.

SAMUEL FEIGIN

BOOK REVIEWS

CHILDREN IN A WORLD OF CONFLICT. By Roy F. Street. Boston: The Christopher Publishing House, 1941. 304 p.

In this book, Dr. Street points out the need of breaking with the traditions of the past and attempts to outline some of the factors that are necessary for the adequate growth of children in the modern world. He is concerned primarily with the preparation of children for life in a democracy, where individual responsibility is a necessary function of the citizens, as opposed to life under a totalitarian régime, which requires only obedience. The presentation is based upon a recognition of children's fundamental needs for security, for acceptance by the group, and for successful activity. The notion of activity is stressed throughout the work. Emphasis is placed upon the need of directing attention to what a child does or does not do in dealing with him, instead of centering attention upon the child as an individual. Frequent thumb-nail case histories illustrate the points made.

In his introduction, the author states that while all of our social institutions influence adjustments to life, he devotes the greatest part of his attention to the school because it is the logical medium through which the child passes from the activities of the home to those of the world at large. He gives about one-third of the book to problems that arise in the home and family and two-thirds to the function of the school, with only scant attention to other social factors. The result is a rather unfortunate fractionation of the work, which leaves the reader in some doubt as to whom it was written for. As a book for parents, it gives too much space to outlining an educational system that would meet the ideals of mental hygiene. For teachers, on the other hand, the discussion of parental influences would doubtless serve as a rationalization for throwing blame for failure upon the home, rather than as an incentive to develop new patterns of teaching.

The discussion of familial relationships is simple, lucid, and abundantly illustrated. In this third of the work, Dr. Street gives the layman adequate presentation of the fundamental principles of child guidance. It is particularly strong in its emphasis on the nature of the fundamental drives, which are explained without verbiage. Details in the handling of individual problems are wisely ignored, attention being thereby directed to the more basic emotional factors.

The consideration of the part that schools and teachers play in

the processes of development in children is essentially an argument for an ultra-progressive type of school. The abandonment of current procedures of classification and curriculum is advocated. The author takes the stand that children should not be grouped authoritatively on such bases as age, ability, accomplishment, etc. His proposal is that groups should form in the schools on the basis of common activity and common interests, and that children should seek the group they wish to enter, instead of being assigned to it. Similarly, a curriculum is not to be followed. The activities of the classes, as proposed, are to be guided by exploration on the part of the children, realization by them of problems, and attempts on their part to solve the problems.

While Dr. Street recognizes quite definitely the influences that result from the emotional problems of teachers themselves, he, nevertheless, proposes a scheme that would involve the utilization of instructional staffs of different caliber as well as different training from those now in our schools. The reader naturally wonders where it would be possible to obtain in any considerable number teachers of the type that would be needed to follow out the scheme proposed.

Taken as a whole, this is a very readable book, in which a few fundamental principles and the results that flow from them are clearly and adequately presented. As such, it is a distinct contribution to the literature of mental hygiene.

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CRIMINAL YOUTH AND THE BORSTAL SYSTEM. By William Healy, M.D., and Benedict S. Alper. New York: The Commonwealth Fund, 1941. 251 p.

The authors of this remarkable book, William Healy and Benedict S. Alper, state that its purpose is "to awaken interest in the practical possibilities of more effective methods of dealing with criminal youth in our country." This purpose it certainly accomplishes, but also much more in that it is one of the most instructive publications in the entire field of modern literature on youthful offenders. It is an essential book for every one interested in this great social problem of delinquency and crime.

The first four chapters give a background picture of the facts concerning crime in the youth of our country—with data on the incidence of crime, on recidivism, and on the relationship of age to crime—and a picture of our reformatories for youthful offenders, in which we still use barbarous, mass, depersonalized methods which are crudely custodial and punitive rather than individual, personal,

and reformative. Against this very gloomy background in our country is presented the Borstal System, in use in England since the beginning of this century. Part III of the book is a critical evaluation of the Borstal System, with a clear account of its defects. The final chapter presents not only a summary of the book, but an account of the Youth Correction Authority as recommended by the American Law Institute, which is a practical plan for this country to follow in the application of current scientific knowledge of delinquency and crime to the diagnosis and treatment at least of youthful offenders.

Returning to Part I, very aptly termed *The Challenge,* we have an excellent picture of the problem—crime in youth—as it exists at the present time in our country. The amazingly ineffective methods of dealing with youthful offenders are revealed in the general statistics, which show that about 80 per cent of the graduates from so-called reformatories commit further offenses. The tremendous upsurge of criminality during the youth period (from sixteen to twenty-one) is discussed in relation to the anatomical, physiological, and psychological changes of adolescence. The clinical examples of youthful offenders present a clear picture of the fundamental problem in criminology—the different requirements of the offender whose prognosis or outlook is good and the abnormal delinquent for whom the outlook is poor and who is in special need of a longer period of segregation for reëducation.

The status of our reformatories is well summarized: "The impossibility of working in any kind of an individual way with such huge, unassorted criminal populations is self-evident. The brief consideration of an institution which has failed in the past to 'reform' more than one-fifth of its men, the outline of a more hopeful régime now being introduced in the original reformatory in Elmira, and the review of some features of what is believed to be the nearest to a model institution (Annandale, N. J.) in the country, lead to the conclusion that there is still much to be done to bring our reformatories to anything like the effectiveness which the nature of the problem deserves and the protection of society demands."

Twelve chapters are given to a most lucid description of the Borstal System of treating youthful offenders, ranging in age from sixteen to twenty-three years. From the time of sentence to Borstal detention, the entire program is based upon an individual, personalized approach to the youthful offender. The youth is first received in an observation or collecting center for a well-rounded study lasting a month. Here the individual's characteristics, capacities, and attitudes are determined in order to outline his needs for "disciplinary

treatment and special forms of training, education, and upbuilding." He is then assigned to the one of the nine Borstal stations that will best meet his needs. Here there is a most arduous program of physical and vocational training, education, and recreation with the aim of fitting him to do better than he has done for himself and for society. There are many techniques for giving each individual personal contact in formal and informal interviews, and contact with the families is maintained, with treatment as the objective. The success of the system is dependent upon the fact that the service has attracted "capable and devoted, almost consecrated personnel." The personnel has security and opportunity for a career in this service entirely free of political influence and chicanery.

The continuity of the plan of treatment extends through the parole period. The parole supervision is very extensive, including career officers as well as interested volunteers.

The weaknesses of the Borstal System are due to the lack of scientific studies of such matters as diagnosing abnormal personalities, understanding their peculiarities, and determining the proportion of them among recidivists. There is a lack of application of psychiatry, not only in diagnosis, but in the provision of opportunities for more systematic psychotherapy by the psychiatrist. The social histories are also considered by the authors to be inadequate and superficial by our standards.

The final chapter clearly outlines the possibilities for a really modern approach to this problem through the Youth Correction Authority as recommended by the American Law Institute.

This book, whose senior author is the world's greatest authority on the mental-hygiene approach to delinquency and crime, gives society a well-thought-out, practical plan for meeting the urgent need of improving our present methods of handling the youthful offender. The Borstal principle of an individual approach to treatment, with the correction of its defects through greater use of psychiatric personnel, both psychiatrists and psychiatric social workers, should certainly awaken the interest of all society in the practical possibilities of more effective methods of dealing with the criminal youth in our country.

This will always remain a "must" book for those interested in the problems of delinquency and crime.

JOHN CHORNYAK.

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CHILDREN IN THE FAMILY: A PSYCHOLOGICAL GUIDE FOR PARENTS. By Florence Powdermaker and Louise Ireland Grimes. New York: Farrar and Rinehart, 1940. 403 p.

The authors of this volume deserve a good deal of praise for having given to those who are interested in the welfare of children a book that is practical, useful, and scientific and at the same time easy to read. They describe intricate, complex behavior mechanisms in such a way as to make them easily understandable without any loss of significance. One is impressed over and over again by their respect for the rights of the child as an individual. In not a single instance does the reader get the impression of a punishing attitude toward the child. Many books dealing with this subject emphasize the dangers of a negative, punishing attitude toward the child, but the recommendations they make are frequently not consistent with this warning. The authors of *Children in the Family* love and respect the child.

In the chapters on infancy, the fact is recognized that there are individual differences which call for vastly different types of treatment. Perhaps to counteract the insistence on breast feeding when it is to the mother's disadvantage to nurse the baby, the authors appear too ready to advise against breast feeding. This is an important subject and it might perhaps have received more consideration, for anything that can be done to lessen the friction between mother and infant early in life will help to improve the relationship between the two.

The methods advocated for weaning the child are excellent, and it would seem well, in compiling our case records on children, to discuss not only the child's reaction to weaning, but the methods the mother used. In discussing the child's refusal to eat, nothing is said of this as a response to a feeling of rejection. This omission may have been intentional, since the parent whose child does not eat and who is told that this may be due to rejection may develop an even greater sense of guilt, with no benefit to the child.

In the chapter on habits in the second year, there is an excellent discussion of eating habits with clever treatment suggestions, presented in a way that will mitigate the tendency of the child to a fixation on the feeding problem. The vicious circle of increasing anxiety on the part of the parent and its resulting exaggeration of the eating difficulty, is thus avoided. The authors have an interesting way of discussing unconscious factors without using involved terminology, yet giving the reader the significance of the deeper psychology. The treatment of the problem of training for control of elimination is practical and the illustrations used are helpful. In the part of the chapter that deals with play, the selection of toys

and equipment is such that even parents in the low-income groups can afford to get them.

In the discussion of early relationships, there are practical suggestions for teaching and helping the child to use self-control instead of giving in to his emotions. It would be very helpful if parents could take advantage of such suggestions; perhaps many more can than one would imagine from our work in child-guidance clinics, for we see a selected group who are more likely to be involved in emotional conflicts. The part of the chapter that treats of anxiety and the development of feelings of guilt in relation to unconscious thoughts and wishes is presented clearly and effectively. Here, again, are helpful suggestions for methods of avoiding anxiety. In this chapter the reviewer was especially impressed with the sympathetic attitude of the authors toward the suffering of the child that results from anxiety and feelings of guilt.

In the chapter on training, the authors first discuss the common causes of disturbances in training. It is surprising how often these are overlooked in dealing with behavior problems. The tendency to look for hidden causes is often responsible for disregarding less dramatic factors that need attention. The more complex factors that cause resistance to training are also discussed, and again one is impressed by the simplicity with which involved mechanisms are explained. The rôle that anxiety plays in interfering with the training process is described, but instead of merely advising that parents should avoid being anxious about disturbances in training, the authors give practical suggestions as to how the details in the training process may be taken care of so that anxiety will not arise. The reader will find valuable suggestions regarding bladder and bowel control.

The chapter dealing with the child's interest in sex contains a frank discussion of the normal sex urges and the difficulties encountered when these expressions or needs are unwisely handled. Parents who become upset by manifestations of sexual interest in their children will be relieved by the authors' treatment of this subject. This does not apply to overanxious parents who are themselves suffering from sexual conflicts, whose behavior in connection with the child's masturbation or sexual interest will not change until they, the parents, are given individual help. It might have been well to have included in this discussion the fact that in the first two years the child often becomes aware of sex differences and even reacts to these differences emotionally and at times traumatically. Since he is unable to express himself at this time and since these painful experiences are repressed, he may continue to suffer from conflicts without any one's being able to remedy the situation. Perhaps, too, there should have been a discussion of the differences in the responses of children

according to their physiological make-up and the strength of their instinctual drives, although the authors may have felt that their discussion of individual differences earlier in the book would apply here also. The Œdipus conflict is described in this paragraph in a way that all will accept.

The authors may be overoptimistic as to the possibility of satisfying the child by allowing him to see sex differences in his parents. Anna Freud and Siegfried Bernfeld have described how seldom this alone will satisfy the young child.

The part played by the aggression of the child in relation to the parents' authority, family relationships, and companionships, is described, taking into consideration the constitutional variations in different children which call for different types of treatment. Aggression in relation to fears and anxieties is clearly described, together with the part it plays in the development of a repressed or a rebellious adult. Practical and positive recommendations are offered for bridling excessive aggression in such a way that the child will not feel dominated. The suggestions recommended will help to make it unnecessary for the child to mobilize his hostility. Here, again, it would seem that unless the parents have a good deal of affection and respect for the child, the measures recommended cannot always be carried out.

The discussion of punishment is sound. It is easy to accept the recommendation that there should be an increase in the number of nursery schools which can keep the child all day instead of for merely two hours. These are really day nurseries and they may help to solve many of the difficulties arising in those foster-home placements in which the child or the parents cannot accept placement.

In the chapter on development in later childhood there is an important discussion of methods of helping the child to learn to do things well for the pleasure it brings rather than for the attention he can obtain. The result is a development of self-confidence. The significance of this factor is apparent to any one who deals with behavior problems in children.

The subject of stuttering is dismissed too lightly. There is an excellent discussion of money problems, particularly of the unwise practices used in dealing with them. The subject of stealing is included in a logical way and in a manner that will not threaten overanxious parents whose children steal.

The same kindness and understanding is revealed in the chapter on the adolescent and his environment. The parents of adolescent children will welcome this chapter because of the help they will get in being able to accept the adolescent as inherently right in the way he behaves. The point of view of the parents is presented in such

a way that they cannot feel offended because of their shortcomings in dealing with adolescents. The authors spare the parents just as they do the child.

This book will be of immeasurable help to parents who accept and love their children, but who because of lack of resourcefulness say and do things that create misunderstandings, bad feelings, and a need to fight back. Parents who are involved in emotional conflicts or who are neurotic will not be helped to nearly the same extent because they will be unable to make the child feel accepted and loved until they have solved their own conflicts. Nor will they be able to deal objectively with the child who is an outlet for their phantasies, limitations, and deep needs. The authors of this book are well aware of this fact and repeatedly advise parents who cannot solve their own emotional problems to find opportunities for securing the help they need. Parents who do not love their children and who never wanted them will continue to reject them in most instances, unless intensive case-work can be done. Such parents must be seen frequently and over a long period of time if any change of attitude is to be effected. It is hardly likely that a book can serve this purpose. *Children In the Family* perhaps comes closer to achieving it than most books on this subject because of its philosophy of positive acceptance of the child. It is a pleasure to recommend it highly to any one interested in the welfare of children.

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THE DOCTOR AND THE DIFFICULT CHILD. By William Moodie, M.D., F.R.C.P., D.P.M. New York: The Commonwealth Fund, 1940. 214 p.

Dr. Moodie has been for years (until his joining up with the British Army in the present war) Medical Director of the London Child Guidance Clinic. His experience, then, must be comparable in many ways to that of American child-guidance psychiatrists. It is of this experience that he writes.

Part I of the book is largely devoted to basic orientation and background—the methods, principles, and philosophy on which child-guidance clinics operate. The importance of recognition of the problem by parents; the contributions of co-workers to the evaluation of the case situation; the great rôle played by those phenomena labeled as "affection," "security," and so on; the significance of play or other direct methods with the child in assisting him to work out his own problem—all these and similar matters are discussed

directly, without the use of terminologies not familiar to most experienced workers.

Part II is given over to a discussion of the more common syndromes—stealing, nervousness, enuresis, sex difficulties, and so forth. After outlining the more widely used methods known in guidance clinics, Dr. Moodie discusses the needs of the comparatively few children who seem to require more direct and more intensive endeavor. This discussion avoids stress on interpretation and gives several illustrations of methods of using the child's own words or play to draw him out.

We regard the book as an excellent handbook on a subject that has been very much in the foreground of our thinking for the past several years. The pages devoted to treatment are packed with helpful interpretations and applications of underlying principles, simply expressed and illuminating in their clearness. It should be of value to workers in allied areas—education, medicine, and so forth. The experienced child-guidance worker will find in it little that is particularly new, but since it is not aimed at him, this is in no way a criticism.

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THROUGH CHILDREN'S EYES. By Blanche C. Weill. New York: Island Workshop Press, 1940. 365 p.

As its title implies, this book presents summaries of case material on a variety of behavior problems from the point of view of the child. The author selected a number of cases from her private practice and other professional contacts in order to demonstrate that many behavior difficulties are the result of unhappiness on the part of the child and can be traced to real or imaginary hurts. Sibling rivalry and the child's unsatisfied need for love and affection account for many of the resulting problems. Illustrative cases deal with children who are not loved, those who could not satisfy their wishes, those who had sex worries, those who used illness as a refuge, only children, adopted children, and so on. Not only are cases described, but an attempt is made also to demonstrate the method used in handling the child and the parent and to appraise the results obtained.

For the most part the author was successful in achieving desirable modification of behavior, at times after a single session. Frequently it seems just a matter of sympathetic understanding of the child's point of view, of demonstrating consistent handling, of convincing the child as well as the parent of existing misunderstanding of

motives, and of making suggestions for the modification of attitudes as well as behavior. It is not always easy to see how an almost purely intellectual attack on deeply seated emotional problems can bring results and frequently with such rapidity. The book may help some parents to pause and give superficial thought to the part they themselves play in the total picture of behavior disturbances shown by their child, but it is doubtful whether it can help in cases where the parents' own emotional needs and problems are part and parcel of the total situation.

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THE PSYCHODYNAMICS OF ABNORMAL BEHAVIOR. By J. F. Brown, with the collaboration of Karl A. Menninger, M.D. New York: McGraw-Hill Book Company, 1940. 484 p.

It may be well to state at once that the reviewer recommends this book unreservedly as a text for students in psychology, medicine, or psychiatry, so that certain comments in the following discussion will be understood as only very minor criticisms. If any difficulty has been encountered in preparing this review, it has been the necessity for careful reading and rereading of the material in order to find any points open to legitimate question.

Part I, *The Organismic Viewpoint,* defines, in a first chapter, the scope of psychopathology and the concepts of abnormality and personality, and in a second chapter, outlines the historical development of psychopathology. In a third chapter, after discussing certain difficulties that arise either from an exclusively somatogenic or from an exclusively psychogenic approach to the problems of mental disease and the psychoneuroses, Dr. Brown proposes the "organismic viewpoint" as one that will resolve these difficulties. He states this viewpoint as follows (p. 56): "Every piece of human behavior, whether it be an unconscious physiological act like elimination or circulation, or a semiconscious act like respiration, or a fully conscious act like writing a poem, may be studied by physiologists in physiological language or by psychologists in psychological language." And on the next page he emphasizes this in the statement: *"Every behavior problem is at the same time a physiological, or organic-medical, and a psychological, or psychiatric, problem."*

Part II, *Symptomatology,* utilizes a schematic presentation that follows the division into thinking, feeling, and doing (or cognitive, motor, and emotional processes) which has so long been familiar in psychology that by now it might be called almost traditional. (For instance, a text by Scripture published in 1895 had the title *Thinking, Feeling, and Doing.*) In a chapter on abnormalities of the cognitive

processes, sensory anæsthesias, hyperthesias, parathesias, and so forth, are described as disorders of sensation; hallucinations are classed as disorders of perception, obsessions and delusions as disorders of thought, and so on. Morgan used a similar classification of symptoms in his text, *The Psychology of Abnormal People*,[1] but did not treat symptomatology as exhaustively as Dr. Brown has in this book. On the other hand, perhaps Morgan brought out more clearly and forcibly the dynamic emotional factors that enter into the formation of symptoms, although Dr. Brown does not neglect to point out briefly that organic and emotional factors usually underlie disorders of the cognitive processes, such as obsessions, delusions, hallucinations, and other abnormalities.

Under the chapter heading, *Abnormalities of the Motor Processes*, a large number of conditions are grouped, from ataxias, aphasias, and speech defects to disorders of the total behavior, such as criminality. The schematic presentation under the three headings, *Cognitive*, *Motor*, and *Emotional*, logically requires the inclusion of so many symptoms in the first two categories that not so many as otherwise might be expected remain for the third. Only pleasantness and unpleasantness, disorders of mood (elation, euphoria, the depressions), fear and rage, love and hate, with a list of sexual aberrations, are left for the chapter on abnormalities of the emotional processes. Unless the student realizes the limitations imposed by the choice of the threefold classification—and unless he understands that the statement (p. 135) that "deep-seated emotional maladjustments were found to underly Mr. X's cognitive and motor symptoms" applies generally, as well as in the particular case illustration—he may be in danger of temporarily losing sight of the dynamic point of view from which the book is actually written. Probably the teacher should emphasize and elaborate the dynamic emotional aspects of symptoms mentioned or implied in the text in connection with Part II, in order to prevent the student from falling into the error of regarding the classification of symptoms as more important than their dynamics.

Even if the teacher does not do this, Parts III and IV of the text should correct any misapprehension, for here Dr. Brown has kept consistently to the psychodynamic point of view. The summaries of psychoanalytic theories in Chapters IX, X, and XI of Part III are especially noteworthy for clarity and accuracy. While one may occasionally differ slightly from some of its statements as to the contributions of psychoanalysis, one certainly ends by considering this one of the best presentations to be found in a text in this field.

The collaboration with Dr. Menninger in Part IV has resulted in excellent chapters on psychiatry. Four chapters in Part IV discuss

[1] New York: Longmans, Green, and Company, 1928.

the incidence, the symptomatology, the differential diagnosis, the etiology, and the therapy of paresis, the schizophrenias, the manic-depressive psychoses, paranoia, hypophrenia (amentia), the senile psychoses, epilepsy, the obsessional neuroses, the compulsion neuroses, anxiety hysteria, and conversion hysteria. In the case of paresis, schizophrenia, and manic-depressive illnesses, the early symptoms (these of the prodromal period) and those indicating recovery are described as well as those of the acute or chronic stages. A whole chapter is devoted to abnormalities of sexual behavior and another to character disorders.

The last chapter in Part IV is entitled *Genius*. It reports the psychoanalytic contributions on this subject and emphasizes the relationship of neurotic and psychotic tendencies and emotional conflicts to genius, as exemplified in the statement (p. 405): "The genius is one who finds outlet for unconscious and semiconscious conflicts through sublimation—*i.e.*, through expressing them in a disguised, but socially approved form."

It seems to the reviewer that psychological investigations—such as, for example, the research on factors in artistic talent by N. C. Meier and his co-workers—also might profitably have been taken into consideration. These studies of artistic aptitude indicate that certain abilities—manual skill, general and æsthetic intelligence, exceptionally good visual perception and visual memory, creative imagination, and æsthetic judgment—are required for superior artistic achievement. Whether an individual who possesses such abilities will become an artist or will use them in other vocations, depends upon the circumstances of his life and personality. Hence one can take these psychological studies into account without disagreeing with the psychoanalytic interpretations of genius, for it would seem that the psychoanalytic and psychological contributions may supplement each other. There is the implication, for example, that certain special abilities possessed by an individual probably help to determine whether he will be able partially to sublimate conflicts through artistic production, while a person who lacks these abilities will be less able to sublimate conflicts in that way. (Certainly, in clinical work with children, we see many who express their conflicts in slightly disguised form in drawings or paintings, but in only a few instances are these drawings and paintings of a quality to suggest that we have young artists as well as young neurotics.) We can accept psychoanalytic theories and still raise a question as to what are the relationships between special talents, emotional conflicts, and abnormalities of personality as factors that contribute to genius. Is it not possible that an individual's special talent, musical, artistical, or literary, may be a factor in determining whether his achievement will be in

one or another of these fields, while his emotional problems are factors in his choice of styles or themes for his musical compositions, paintings, or literary productions, and, as Dr. Brown has suggested, factors also in causing periods of great or small output?

To return to Dr. Brown's text, Part V consists of a single chapter, which indicates the author's hope that future trends in psychopathology will be toward more experimental investigations, and his belief that the topological approach is the most promising of any of the experimental methods and techniques now available for application to research problems in psychopathology.

PHYLLIS BLANCHARD.

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PERSONALITY AND PROBLEMS OF ADJUSTMENT. By Kimball Young. New York: F. S. Crofts and Company, 1940. 868 p.

In his prefatory note the author states that this book is the outgrowth of some twenty years' experience in teaching a course on problems of personality and personal adjustment. This course, he adds, has attracted students of widely varying interests and educational background—a fact that perhaps accounts for the somewhat encyclopedic character of the book.

Recognizing the need for some common background of facts and principles concerning normal development to which deviations of the kind known as "personality problems" can be related, Professor Young has devoted Part I of his book to the discussion of certain pertinent topics of general psychology. He emphasizes in particular the neural and physiological mechanisms that underlie behavior and the social and cultural patterns that impinge upon the individual in the course of his development. A chapter on methods of studying personality, one on theories of personality, and a detailed historical survey of the literature on "personality types" complete this section.

Part II deals with various problems of adjustment. The treatment throughout is situational rather than merely personal. That is to say, instead of beginning in the more conventional manner, with a picture of an individual in difficulty, the author first describes the problem to be solved in terms of the changing and often puzzling situations that each person encounters as he moves out of the protected world of childhood and assumes the responsibilities of adult life. The section begins, therefore, with a series of five chapters on problems of childhood adjustment. The relation of the young child to the other members of the family, the readjustments incident to his entering school, and the social and personal questions that come with adolescence are considered in some detail. From the problems of childhood the author moves on to those of the college student, of the

choosing of a mate, and of adjustment in marriage. A chapter is devoted to the special problems of the modern woman and another to occupational adjustment. The section closes with a series of five chapters on the more obvious signs of maladjustment, such as delinquency, crime, and mental disorder.

Part III consists of but two rather short chapters. The first has to do with the therapeutic value of interests and avocations, while the final chapter is devoted to a general survey of the field in terms of the mechanisms by which individual adjustment is achieved. There are, so the author states, two general features that characterize both the organism and the environmental structure in which it moves. On the one hand, there is a tendency toward fixity, which is counterbalanced by an equally inherent tendency toward flexibility.

On the organic side, the trend toward fixity is shown in terms of habit formation, learning and memory, the establishment of attitudes, and similar distinguishing characteristics of the individual, while flexibility is shown in the normal urge to explore and manipulate new things, the desire for change, and the mental reorganization that comes about as a result of the incorporation of the new experiences thus gained with habits and attitudes of the past.

On the environmental side, there is the comparative fixity of cultural pattern, the laws of the physical world, and the customs of society, which together provide a stable background from which the individual can order his life. Here, too, however, there must be an element of flexibility, the possibility of a reorganization of the cultural pattern, of bringing about social change as this seems needed, of increasing our understanding of natural laws.

In the establishment of harmonious balance between these two interacting tendencies lies the secret of successful adjustment both of the individual and of the social order.

FLORENCE L. GOODENOUGH.

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HUMAN NATURE IN THE LIGHT OF PSYCHOPATHOLOGY. By Kurt Goldstein. Cambridge: Harvard University Press, 1940. 258 p.

Here in nine chapters are rewritten the 1938–39 William James Lectures. It is all a closely written, logical, exciting job, well worth careful perusal by every one who deals with other human beings. There are certain threads running through the book, but the chapters tend to stand by themselves. Copious notes and reference material for each chapter are placed at the end of the volume, whose index naturally has to suffer somewhat from the tight interweaving of the text itself.

Running through the book is a thread of clinical honesty. The lectures are based on Dr. Goldstein's extensive experience with patients suffering from cortical lesions of various intensity. Wherever, as particularly in the latter chapters, he wanders out of the wards into fields of wider implication, he never fails to express his realization of this—the field of clinical hunches, the area of "as if," is particularly fruitful if recognized as such.

A vigorous and well-carried-out attack upon atomistic scientific approaches to the problems of human nature and relationships is warmly and justly softened by Dr. Goldstein's recognition that the choice of method should depend upon the personality make-up of the investigator. This generous bow to those using tools that the author would find inadequate *for himself* might well be widely copied.

The whole is slow reading. There is little repetition; there are many points made. Even in the relatively large amount of clinical data are surprisingly tucked short generalizations that the hastener will miss.

On these main threads the nine chapters are strung—and they defy generalization. The listing of this paragraph represents shameful elision: (1) A comparison of the holistic and atomistic approaches to the problem; (2) the abstract attitude, and the concrete, beautifully illuminated with clinical material; (3) the same solid approach used to illustrate the previous chapter, now in the field of language; (4) anxiety and fear—again solidly buttressed with clinical data; (5) "coming to terms with the world," a discussion of those mechanisms through which the personality manages to protect its own preferences in the midst of diverse environmental demands and pressures; (6) the motives that actuate human behavior, with a critique of the psychoanalytic approach; (7) the structure of the personality —reminiscent of Sapir's views, but a bit less realistic and helpful than the rest of the volume; (8) "the individual and others"—as illustrated in the ever-changing balance between self-actualization, self-restriction, and aggression; (9) a return to the defense of the holistic approach, supported now with 200 pages of material and stretching out into the reaches of social philosophy.

Without doubt a grand piece of work.

JAMES S. PLANT.

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INTRODUCTION TO PSYCHOBIOLOGY AND PSYCHIATRY. By Esther Loring Richards, M.D. St. Louis: C. V. Mosby Company, 1941. 357 p.

Dr. Richards states in her preface, "This book represents an attempt to put into writing twenty-two years of effort directed towards giving undergraduate nurses some idea of the need for

understanding human behavior in its relationship to the practice of their profession.'' Nurses who have studied under Dr. Richards will welcome the opportunity to have her lectures available in book form. As a reference book for nurses who are specializing in psychiatric nursing, it will prove especially valuable.

The book is divided into two parts, the first being concerned with psychobiology—a study of functioning in normal behavior, with four chapters on the personality study. The personality-study material, as used by Dr. Richards, is of great value in assisting the student nurse in her adjustment to a life that is regulated and disciplined. Dr. Richards points out with clarity certain qualities without which a young woman is scarcely able to complete a nurse's training. One of these is the ability to take criticism, whether it is just or unjust. ''The object of the personality study,'' as Dr. Richards expresses it, ''is not an exercise to torture the student, nor an academically disguised procedure to pry into the private life. It is an attempt to stimulate the student to take a serious look at the bookkeeping ledger of his daily functioning and see where his liabilities and assets are taking him.''

In the hands of a wise psychiatrist and one who understands intimately the problems of adjustment to nursing, as Dr. Richards does, the personality study is an invaluable aid. In the hands of others, it may be dangerous and is best left to the individual nurse herself.

The second part of the book deals with psychiatry and psychopathology and is in itself an excellent textbook on the care of mental patients. Some of the high lights are the pictures of fear presented by the delirious patient and the graceful nursing care necessary to tide the patient through an acute delirium.

The section on alcoholism and mental-health problems is excellent material for any one to read and ponder over. Dr. Richards' ability to hold the reader's attention by her wording and phrasing is especially to be noted; for example: ''Habitual users of alcohol may be divided into the social drinker and the alcoholic. The social drinker, in the beginning at least, seems able to 'handle' his alcohol; the alcoholic is 'handled' by alcohol, but never admits it.''

In the treatment of affect disorders, the refutation of certain popular ideas about suicide gives renewed warning to nurses who are caring for these patients.

On the subjects of disorders of thinking (paranoia, schizophrenia, psychoneuroses), Dr. Richard says: ''The objective of treatment is, of course, directed toward the establishment of some kind of natural bridge over which the patient can come with ease and comfort out from his inner phantasy-bound self into the world of reality. The most constructive approach to creating such a bridge is through the

reëstablishment of habit life in matters of eating, toilet, bathing, care of the hair and clothes. Here are topics that involve nursing skill, understanding, and patience."

It is because of these many quotable passages and its clear, concise word pictures that this book will prove of value to nurses and to teachers of nurses.

KATHARINE MCLEAN STEELE.

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LET'S UNDERSTAND EACH OTHER. By Eleanor Rowland Wembridge. New York: The Woman's Press, 1940. 322 p.

Time was, when facts about human nature and human behavior were dished up in terminology understandable only to initiates. Time was, when the loud clamor of the layman for access to some of that knowledge was met by an assortment of literature so popularized as to be unsound psychologically and of little practical worth. Of late years, however, the book marts have offered much reading matter worded in everyday language, yet psychologically valid. Some has been good, some—better. Amongst the best of its type is Dr. Wembridge's *Let's Understand Each Other,* for it strikes a happy medium between the highly specialized and the instructively popularized—a sound psychology in readable language.

Why was it written?

In the author's own words, the book is a "simple illustrated household text on 'How to Know Human Nature' . . . brief glimpses of human beings in action . . . an attempt to help people recognize the problems of nature in its human aspect for the mighty forces that they are, and not to be misled because the effects that flow from distant and obscure sources occur announced in the commonplace settings of our own homes, schools, and shops." As a guide to such understanding, the book has much merit.

For whom was it written?

The narrative form and cross-section of cases are especially chosen for two types of readers: "students who need some life situations to illustrate their theory and workers who want some theory to explain their cases." On the whole, however, the text seems much more practical for the former than for the latter, since there is not always sufficient theory to point up the stories.

What is it about?

The 322 pages are divided into three sections: I. *The Three Great Drives,* covering ego, sex, and parent-child satisfactions, as well as frustrations; II. *Identical Drives, But Unlike Mores,* dealing with the

force of custom; and III. *Drives and Mores*—on handling these powerful forces.

The topics are presented mainly under the guise of cases. Each story is prefaced by a brief comment on the special point that is being illustrated and by three or four practical questions for discussion. The cases are varied, well chosen, and in many instances masterpieces of vivid description. The Antoskis come to life under Dr. Wembridge's skillful pen. The Goldies, the Carries, and the Pashkas are remembered long after the last page of the book has been turned.

Such stories as *Her Method, Soup,* and *Carra Perna* not only bring about a better understanding of specific types of behavior, but are helpful in suggesting what can be done about them. These examples alone would make the book a "must" for teachers.

The chapters on sex satisfaction and sex frustration, on the other hand, leave one somewhat up in the air, with their reiterations as to the force of this urge, but without any suggestions as to its constructive utilization, training, or discipline. This criticism might have been obviated had the author followed the same procedure in this section as she did in Section III—namely, that of giving, at the end of each paragraph heading a story, a reference to reading matter on that particular topic.

On the whole, however, one is stirred, one thinks, one learns, and, what is more, one enjoys doing it. This being so, *Let's Understand Each Other* deserves a place on every bookshelf, for it is replete with clues to human behavior and covers "as wide an area of personal crises as one is likely to meet in the day's work."

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SUPERVISION IN SOCIAL GROUP WORK. By Sidney J. Lindenberg. New York: Association Press, 1939. 141 p.

The reviewer started his examination of this book with misgivings. The word "supervision" in the title evoked the idea of dictatorial, arbitrary procedures which, still followed in education, result in an array of martial restraints and obligations that limit intelligence, block coöperation or render it impotent, and retard social progress. Such supervision is of course only a part of a larger program of control which the school too frequently practices.

Fortunately, this book neither advances nor endorses such a scheme. Instead, it presents a sane program for the development of leaders in

many types of group work—in schools, settlements, camps, and so forth.

The volume is based upon a philosophy of life that is in accord with sound principles of mental hygiene, with the established facts of experimental psychology, and with advanced and progressive educational theory.

In the first section, the author portrays the supervisor acquainting the group leader with his community and his responsibilities for leadership in it. Although "orientation and interpretation of the agency and community to the leader represent an almost purely administrative function in supervision, the supervisor can give the leader definite responsibility in helping himself to much necessary knowledge"; and "knowledge gained in this way will be retained longer, be more useful and vital, and will give the new leader a stronger foundation for future supervisory experience. Let's start . . . by helping the leader to help himself!"

In the second section, the leader is encouraged to formulate and examine his aims and objectives and to reconstruct and apply his principles in terms of the demands and needs of particular situations.

Further application, the test of the leader's ability, is described in the third section, in which group and conference records and reports are used to illustrate the handling of typical problems. This section stresses also the significance of "mass and hobby activities." Through participation in many and varied activities, the leader is shown as developing and expanding his understanding of and skill in group relationships of many types.

The author has been influenced by John Dewey's insistence that ends and means must be the same in group enterprises if democratic outcomes are to be achieved. For example, he states: "True education comes through being an active part of what is going on, rather than a passive observer or listener." This principle is recognized throughout the book, but its clearest application is found in the coöperative and essentially educative character of staff meetings.

This practical guide will be indispensable in the development of group leaders. As an example of democratic living in one important field, it should be of interest to many other persons and groups—particularly to teachers, educators, and students of mental hygiene and psychology.

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SOCIAL PSYCHOLOGY. By Charles Bird. New York: D. Appleton-Century Company, 1940. 564 p.

SOCIAL PSYCHOLOGY. By Otto Klineberg. New York: Henry Holt and Company, 1940. 570 p.

These are two new and significant texts in the field of social psychology. Both are scholarly, well written, and adequately documented and each has a fresh approach.

The topics contained in Bird's book were chosen from the answers of students in psychology courses to the following questions: "What topics would (1) help you most to understand human beings in their social relationships? (2) have most value to you personally? (3) be most interesting? (4) challenge most your intellectual curiosity?"

Only those topics were included for which more than 80 per cent of the student votes indicated moderate or marked interest. The author feels that this method of selection has resulted in a book that will have an appeal to students with some previous knowledge of psychology, and this is the group he is most interested in reaching.

The author's alleged purpose, as stated in the preface, "is primarily to relate a large number of experimental studies to a wide range of social problems." Since he does not define a "social problem," it is hard to say to what extent he has achieved this objective. In the reviewer's opinion, only the last three chapters deal systematically with social problems in the usual sense of the term. These are *The Social Significance of Age,* a very original and stimulating chapter; *Juvenile Delinquency;* and *Psychological Aspects of War.* The rest of the book is concerned with the general problem of motivation, and includes such topics as motivation, social incentives (two chapters), attitudes (two chapters), imitation, suggestion, propaganda, behavior of crowds, and leadership.

Klineberg's book is an attempt to integrate psychology with social anthropology. While the author does not ignore the so-called *constants* in human behavior, his emphasis throughout the work is on the *varieties* of human behavior as conditioned by the culture of the group to which the individual belongs. The author draws upon a wealth of ethnological data to test the various theories and assumptions of social psychology and succeeds in writing an interesting and stimulating book as well as a good text. It should prove almost as valuable to sociologists and anthropologists as to psychologists.

The work is divided into the following six parts, each containing from three to five chapters: *Introductory, Social Factors in Human Nature, Differential Psychology, Social Interaction, Personality,* and *Social Pathology.*

Both of the books contain useful summaries and bibliographies at the end of each chapter.

N. L. WHETTEN.

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FAMILIAL FEEBLEMINDEDNESS; A STUDY OF ONE HUNDRED AND FORTY-ONE FAMILIES. By Clara Harrison Town. Buffalo: Foster and Stewart, 1939. 97 p.

Clara Harrison Town has had an experience with unfortunate individuals and families in Erie County, New York, that few people can equal. Having worked among and been affiliated with public agencies for many years, she has acquired an enviable background in this field.

Familial Feeblemindedness is a sequel to *How the Feebleminded Live in the Community.* In the preface, the hope is expressed that these two monographs "might bring to some readers a doubly sharp realization of the miserable lives to which these hopeless unfortunates are doomed. . . . And . . . arouse the desire and will to help the situation." In her effort to achieve this goal, the author has done her part by presenting the facts clearly and succinctly.

The present study is based upon a series of cases known to and examined by the Psychological Clinic of the Children's Aid Society, Buffalo. The 141 families thus represented contain a total of 1,384 members, but only 578—41.7 per cent—were examined. Since all of the individual members of these selected families have not been canvassed, the investigation admittedly is not exhaustive. Even though the question of etiology (both hereditary and environmental) is ever present in the mind of the reader, still the emphasis here is on the results of feeblemindedness rather than on the causes.

In Chapter II, each of the 141 families is briefly analyzed in tabular form under four headings: (1) *status* of each member within the family (father, mother, or child); (2) *sex;* (3) *mental diagnosis;* and (4) *pertinent items.* This last entry is the most useful and interesting since it includes such data as are descriptive of the social experiences and progress of each individual member of the family. Following the family tabulation is a comment or descriptive note, sometimes a page long, which serves to complete or to elucidate the family picture. It is needless to add that many of these families vividly illustrate the greatest possible degree of degradation.

In the third chapter the author does a little moralizing and undertakes the rôle of crusader. The social gospel she preaches seems to be, in large measure, her own. Most of us may agree that the problem of feeblemindedness has not been successfully solved, even though strenuous efforts in that direction have been made. The author is very critical of present methods. She contends that "terms in correctional schools are useless," that "supervision and parole are worse than useless," that "permanent guidance and help . . . is essential."

Her solution involves the establishment of a work program especially designed to suit the needs and abilities of the feebleminded.

These sheltered workshops for the feebleminded would be comparable to similar shops already established in some cities for the blind and the crippled. The Vocational Adjustment Bureau in New York City is an example of what the author has in mind. Perhaps this scheme has merit, but it is not a panacea.

Familial Feeblemindedness is short and interesting, but it contributes little, if any, new information on the subject.

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COMPARATIVE PSYCHOLOGY: VOL. II, PLANTS AND INVERTEBRATES. By C. J. Warden, T. M. Jenkins, and L. H. Warner. New York: Ronald Press, 1940. 1070 p.

This volume completes a comprehensive survey of comparative psychology undertaken by the three scientists who are its authors. Volume I, *Principles and Methods,* and Volume III, *Vertebrates,* which appeared several years ago, suggested that the survey would be a work of encyclopedic scope, and the present volume fulfills this expectation. Its bibliography includes the titles of more than 2,200 publications dealing with the behavior of plants and invertebrate organisms. The text summarizes and classifies this material in scholarly and orderly fashion. The book will be useful principally to advanced students and research workers.

The seven chapters are devoted respectively to Protista (unicellular plants and organisms), Metaphyta (plants), and the invertebrate Metazoan phyla (sponges through insects, roughly speaking). Within each chapter the same outline is followed as was used in the volume on vertebrates. *Receptive capacities* are considered first, and the evidence for the reception of chemical, thermal, contact, sound, light, electric and magnetic, and static stimuli is presented in each case in great detail. Then, under the heading *reactive capacities,* the authors take up action systems and locomotion, nutritional behavior, protective behavior, reproductive behavior, group behavior, orienting behavior, motivation, and modifiability of behavior.

The gathering and classifying of this experimental evidence is a feat that almost defies description. As many as 140 references are quoted for a single controversial point. The material is presented with a minimum of interpretation—a characteristic that, though valuable to the biologist who is seeking a compilation of facts for occasional reference, gives the book very little interest for the general reader.

Nevertheless, it is a matter of interest and sometimes astonishment to any reader to learn that the principal features of human behavior —such as the reception of environmental stimuli, locomotion, feeding

behavior, and learning—are apparent in even the most lowly of organisms. Any reader will be impressed by demonstration of the development of modifiability, from conditioning in a colony of protozoa to maze learning in insects; by the applicability of Weber's law in the case of responsiveness to stimulus intensity in plants; and by a certain degree of spontaneity in the behavior of an amœba. The advantages of a comparative approach and the merits of a survey with the scope of this one become obvious.

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CHART FOR HAPPINESS. By Hornell Hart. New York: The Macmillan Company, 1940. 198 p.

Dr. Hart wants to enable persons who are at all unhappy to find out for themselves precisely where the trouble lies and what to do about it. With the aid of associates at Duke University and elsewhere, he has devised a chart that allows such people to do a certain amount of self-measuring. The advantage is like that of making out a money budget and following the guidance it can offer. The author mentions, for instance, how a student depressed enough to wonder why everybody else, too, was not contemplating suicide, was able to see for himself from week to week how his curve of unhappiness was going down, and, therefore, got more courage to continue employing the specific measures he had listed.

The book is careful to warn against self-treatment where expert consultation is needed; nor does it pretend to offer the results of new research. It serves a highly useful purpose in making available much that most readers would never come upon. For example, the score averages for couples who disagree chronically about friends, play, philosophy of life, are much lower than for cases in which either partner feels sexually starved. So, too, while extremely inadequate incomes are a handicap to happiness, more than enough scores indicate that amount of income is not the all-important factor some schools of philosophy would make it.

An annotated bibliography suggests further readings to the parents, teachers, clergymen, and social workers, for whom the book is chiefly intended.

H. NEUMANN.

Brooklyn Society for Ethical Culture.

NOTES AND COMMENTS

Compiled by

PAUL O. KOMORA

The National Committee for Mental Hygiene

DEFENSE IS THEME OF NATIONAL COMMITTEE'S ANNUAL MEETING

The National Committee for Mental Hygiene held its Thirty-second Annual Meeting with a luncheon at the Hotel Roosevelt in New York City on November 13. The momentous events that followed less than a month later, and that determined finally this country's course in relation to the World War, change the national situation profoundly, but none the less underline the importance of much that was said and implied on this occasion, which was devoted to a consideration of the psychiatric aspects of national defense. Before an assembly of five hundred members and guests, presided over by Dr. Adolf Meyer, President of the National Committee, and Dr. Edward A. Strecker, Chairman of the Scientific Administration Committee, who conducted the scientific program, prominent speakers, including representatives of the army and the Selective Service Administration, analyzed some of the vital issues that confront the country in the psychological adjustment of our people to the crisis.

The imperative necessity of building up a national army as free as possible from mental or nervous morbidity and capable of meeting the extraordinary demands of modern combat, and the need for an informed medical personnel to carry out efficient selection, were the burden of an address by Dr. Harry Stack Sullivan, psychiatric consultant to the Selective Service System. Lieutenant Philip S. Wagner, representing Brigadier General Frederick Osborn, described the activities of the planning and research division of the morale branch of the War Department. Dr. Bernard Glueck discussed the implications of psychological warfare with reference to civilian morale, and the importance of finding a place and a function for every individual in the total effort for defense as a pivotal factor in morale. Other speakers were Homer Folks, Secretary of the New York State Charities Aid Association, who defined the functions of welfare agencies in relation to mental-health defense work; Dr. George H. Preston, Maryland Commissioner of Mental Hygiene, who looked ahead to the problems of "remobilization" for

civilian life of the discharged soldier; and Dr. George S. Stevenson, Medical Director of The National Committee for Mental Hygiene, who reviewed the organization's work during the past year. A number of the papers presented at the meeting appear elsewhere in this issue.

Salmon Lecturer Reports on Psychological Effects of Air War in England

We are indebted to the Salmon Committee on Psychiatry and Mental Hygiene for a particularly important and timely contribution to America's war effort in the 1941 Salmon Memorial Lectures, which have made available to us, at a critical juncture, a fund of valuable and authoritative information on the psychological effects of modern warfare as experienced by a stalwart people who have been exposed to it for the past two years. Coming on the eve of our entry into the world conflict, the 1941 lectures, delivered at the New York Academy of Medicine on November 18 and 19 and, subsequently, in several other cities in the United States and Canada, by Dr. Robert D. Gillespie, psychiatrist to the British Royal Air Force, brought us a first-hand report of conditions in England that will help as we gird ourselves for the full impact of the war and, especially, of possible air attack. For Dr. Gillespie has given us an illuminating and instructive picture of what happened to the mental and emotional lives of Britain's defenders under the fury of the German air invasion that holds lessons of vital import for us here and now.

How different the experience has been and will be from that of the first World War is obvious, first of all, from the fact of total participation, involving civilian risk and effort as never before, though on the military side Dr. Gillespie emphasized the supreme importance of careful selection. There must be strict mental and physical examination before induction into the armed forces, he said, citing in support of his warning the remarkably few cases of psychoneuroses among the members of the Royal Air Force, because of the extreme care with which they were chosen.

On the other hand, mental breakdowns among civilians exposed to air raids have been much less frequent than had been expected, as a result of apparently unanticipated human reactions to the new circumstances and exigencies of air warfare. For example, it was found that dislocation of daily routine constituted as great a mental hazard as actual bombing, and that—contrary to the experience of the last war, in which "shell shock" and other neuroses were produced among soldiers under the stress and strain of battle conditions—apathy was a more menacing symptom of an oncoming psychoneurosis than the immediate reactions to air raids. Surprising,

too, were the chronic nervous conditions that actually disappeared under air attack, and the few instances of bomb fright among children. Several children have suffered from symptoms associated with the sound of sirens, but these cases occurred in children who had not actually been subjected to bombing itself and who had previously shown some evidence of psychoneurotic tendencies.

"One of the most striking things about the effects of the war on the civilian population has been the relative rarity of pathological mental disturbances among those exposed to air raids," Dr. Gillespie said, adding that children are "remarkably unaffected by fear of air raids," and that "this is undoubtedly connected with behavior of the adults around them." Children, generally speaking, take their pattern of behavior from the adults, he stated. However, with children as with adults, more important than fear of death is the importance of satisfying their everyday needs. "The outstanding lesson learned, not without surprise," he said, "is that, war or no war, the pressing needs of parents with problem children cannot be ignored. Increasing demands for help coming from parents during recent weeks indicate that anxiety regarding their children's day-to-day difficulties take precedence even in these times over the remoter fear of death and destruction."

When psychological trauma is suffered during a bomb raid, Dr. Gillespie continued, it may assume any one of a variety of forms, the most immediate being acute panic, confusion, and loss of memory. The second type of immediate reaction to bombing is immobility or "passive reaction." A third type consists of direct bodily manifestations of fear—tremor, dilated pupils, staring eyes, and such transient reactions as weakness of the legs. In addition to psychological reactions observed at the immediate scene of the bombing, he pointed out that more frequently there were remote reactions, which develop after a period of time, but all such conditions occur, as a rule, only in the predisposed. "More spectacular than any of these reactions," he said, "was the frequency with which individuals whose entire lives had previously been characterized by timidity, shyness, or other psychoneurotic traits were transformed into outstandingly courageous and self-sacrificing persons." Curiously, some of these so-called neurotic individuals show no signs of neurosis and are efficient and courageous during bombing, but develop acute signs of anxiety again only when released from duty.

Dr. Gillespie stressed the fact that keeping people busy and occupied was one of the best ways of preventing mental breakdown after terrifying experiences, thus avoiding a period of rumination which may precede a remote psychological reaction. "It was only

after the individuals concerned had finished rearranging themselves and their affairs and had time to sit down and consider the situation that the symptoms appeared," he said. "It is disorganization rather than fright that is the causal factor here." Apathy, he pointed out, was one of the most significant symptoms of psychoneuroses noted in the battle-worn soldier as well as in those whose homes have been destroyed and whose lives have become disorganized. "This apathy," he said, "is usually the result of the continual thwarting of simple desires. Activity of some sort is a necessary condition for many people as a preventive of psychoneurotic or antisocial behavior."

After the war, Dr. Gillespie warned, we may expect either a dangerous restlessness or an equally dangerous apathy, unless we are as energetic in organizing peace as we are in organizing war. "For it is possible," he concluded, "that if the psychiatrist had extended his observations to the pre-clinical changes, he might have been more useful in warning politicians of the threat to civilization contained in the thwarting of the activity instinct in such large sections of the world's population, leading in one country and at one time to symptoms of apathy, at another to delinquency on an international scale."

How Illinois Psychiatrists Are Coöperating With Selective Service

An interesting report on the work of the Committee on National Defense of the Illinois Psychiatric Society, which has received the approbation and thanks of the Illinois Selective Service system, the National Research Council, and the American Psychiatric Association, has recently come to our attention and is commended to psychiatric and mental-hygiene organizations elsewhere as a guide and an inspiration to similar efforts at efficient psychiatric screening of selectees. Through arrangements worked out by this committee in coöperation with the state and local selective-service authorities, psychiatrists were secured to serve on medical examining teams for many of the lay classification boards up- and down-state and, in addition, one or more psychciatrists were included as members of all the medical advisory boards in Chicago and on the corresponding boards down-state, wherever arrangements have been made with the local state hospital.

The committee also coöperated in the setting up of a so-called "super-board," which is state-wide in scope, for a review and a final screening of all registrants before they are ordered to induction stations. The army induction board was using seven full-time psychiatrists and four part-time alternates at the time the committee

reported, and it is interesting to note that almost all of the selectees rejected by this board came from districts in which selective-service psychiatrists had not yet been made available.

The whole selective process in Illinois appears to have been markedly improved under these arrangements. A contributing factor also is a plan, still in the experimental stage, but apparently proving practicable, under which the names of prospective selectees are cleared through the files of the social-service exchange and the records of the state hospitals, in order to make available to selective-service psychiatrists pertinent information about registrants.

The committee is also facing the problem of emotional adjustment presented by the registrant who is rejected on justifiable psychiatric grounds, and is considering methods of apprising the registrant that will not cause further psychiatric trauma to him, his family, or other selectees. It is also concerning itself with the production of wholesome educational publicity with regard to psychiatric selective-service examinations as an aid to this end.

Scottish Rite Masons Renew Grants for Dementia-Praecox Research

Slowly, but surely the scientific attack on dementia praecox threads its onward way through the intricate maze of factors that lurk mysteriously in the dark biological and social backgrounds of this baffling disease. Each year since the organization of the research group that has come to grips with this enigma of medicine—with the financial support of the Supreme Council, 33°, Northern Masonic Jurisdiction—has seen new increments to our knowledge concerning the nature and ramifications of the disorder. For the past seven years some seventy investigators from fourteen universities and as many branches of science have been hard at work following promising leads in various fields of this obscure problem.

On December 15, in New York City, some thirty of these investigators met for the second time in the course of their combined studies, in a conference called by The National Committee for Mental Hygiene, which is administering the research program, to appraise progress and to provide for an interchange of experience and findings and for further coördination of their respective fields of effort.

Dr. Nolan D. C. Lewis, field director of the program, characterized the period just past as one of solid accomplishment in which a great deal has been brought to light in the way of new facts and new techniques that are contributing to the more effective exploration of mental, nervous, and physical functioning. Over ninety publications, including those in preparation, have resulted thus far

from the approximately thirty research projects undertaken during this time. Among these are a number of practical and immediately useful pronouncements on the effects of the newer shock therapies and on the action of various drugs on the nervous system, and new methods of determining electrical activity in various parts of the brain and its extensions, which are valuable in the light of the need of a strictly scientific foundation for future diagnosis and treatment. The studies in child psychiatry have been of particularly wide scope, Dr. Lewis reported. When the studies already completed or those under way are finally brought together, there will be available "an astonishing amount of utilizable facts and workable theories, showing a broad picture of development from earliest infancy to adolescence." The researchers, he pointed out, "are turning toward the most vital spots of the whole problem—namely, the scientific foundations of behavior in the nervous system and other tissues of animals and man; child development, with particular reference to the emotional life and personality formation; the differentiation of the clinical pictures of the disorder in the adult; and finally, the investigation of every possible lead for reconstruction and treatment."

In an address delivered at the annual convocation of the Supreme Council in Chicago last fall, Dr. Clarence M. Hincks, of the National Committee's scientific advisory committee, paid a richly deserved tribute to the far-visioned philanthropy of the Scottish Rite Masons who made these investigations possible and who had contributed some $275,000 to their support up to that time. Work in this field of medicine, Dr. Hincks said, had suffered because it had been deprived, to a great extent, of the means that have done so much to promote advance in other branches of medicine. Thanks to the benevolence of this group, a powerful attempt is now in progress to find a solution to one of the most difficult problems in the whole range of medicine, and the impetus given to research in dementia praecox has strengthened scientific effort in the entire field of psychiatry and its related disciplines. Their contributions are all the more vital in this time of international conflict and disorganization, when so much scientific work has been disrupted in various parts of the world.

In the words of Commander Melvin Johnson, of the Supreme Council, "we find ourselves in a time when those who can encourage and support scientific research should increase rather than decrease their efforts." In this munificent spirit, the council recently voted to appropriate another $50,000 to sustain the researches in dementia praecox during the ensuing year.

Research Council Weighs Threat of Alcohol to National Defense

The serious threat of alcoholism to the national defense, and the need for more information as to the whys and wherefores of excessive drinking, were the outstanding points of a challenging talk by Dr. Edward A. Strecker, professor of psychiatry at the University of Pennsylvania, who made the principal address at the Fourth Annual Meeting of the Research Council on Problems of Alcohol held at the Commodore Hotel, New York City, on November 25. The meeting was attended by several hundred members and guests from various sections of the country, representing many professions, public and private agencies, and business and industrial organizations concerned with the drinking problem. The program consisted of a series of eight group conferences, at which special aspects of the problem were analyzed and discussed, followed by a public luncheon meeting and a business meeting of the members.

"Work at this moment of our national peril is quite the most important thing in our defense," Dr. Strecker declared. "The excessive use of alcohol and alcoholism are symptoms of lessened resistance and of the weakening of national work morale, and into any such break in our defense the spearhead of opposition may be thrust." Illustrating the danger of alcohol to defense, he cited the case of an officer in a large industrial organization, a brilliant engineer whose services were invaluable, but who had gone so far in his use of alcohol, having to drink himself to sleep each night, that nothing could be done, and his potential contribution to vital defense work must be counted as lost.

It is scarcely possible to estimate with any accuracy, Dr. Strecker said, the enormous amount of personal, economic, and social damage attributable to the misuse of alcohol, and the extent of its threat to industry and defense at this time. Pleading for a greater willingness to discuss the industrial damage done by alcohol, he concluded: "It is essential that we gain more information about alcohol. That is why we have this council. The truth, when it is discovered, will be good for all of us—for individual men and women, for the nation, for the alcoholic, and for the distilling interests who are trying to conduct a legitimate business. If the best and the worst were known about alcohol, it would be better for all of us."

A board of directors of fifteen psychiatrists and other professional and lay leaders were elected for the ensuing year, including the following officers: Dr. Winfred Overholser, of Washington, chair-

man; Dr. I. Ogden Woodruff, of New York, vice-chairman; Luther Gulick, of New York, treasurer; and Dr. Karl M. Bowman, of San Francisco, chairman of the scientific committee.

Topeka Group Forms the Menninger Foundation for Psychiatric Education and Research

The establishment of The Menninger Foundation for Psychiatric Education and Research was recently announced by the enterprising psychiatric group in Topeka, Kansas, represented by the well-known Menninger Clinic and its associated organizations, the Menninger Sanitarium and the Southard School. The new organization has been conceived and planned as a potential means for developing and perpetuating the activities, aims, and ideals of this center in the realms of training, research, treatment, and prevention, and as an agency to receive and administer funds for this purpose. Its functions are visualized as those of a "central psychiatric institute," in which competent teachers, investigators, and therapists can apply themselves in an organized and effective way to the large psychological, medical, educational, industrial, and social problems confronting psychiatry and mental hygiene to-day, and in coördination with the work of other psychiatric groups and with other scientific projects in these fields. The incorporators of the Menninger Foundation, in their application for a charter as a non-profit corporation under the laws of Kansas, have defined its objects and purposes as follows: "Promoting medical science and especially the development of psychiatry and its related sciences; providing opportunities for scientists to apply themselves to research in the problems of medicine, psychology, and sociology; providing for the instruction of physicians, nurses, therapists, and educators in a broad and intensive understanding of the human personality; providing treatment for patients whose funds are inadequate; studying the conditions under which mental illness is fostered and the manner in which the personality of the child may be warped; studying and developing the application of psychiatry to education, industry, preventive medicine, political science, and sociology."

Hogg Foundation Reports on First Year of Educational Work in Mental Hygiene

Notable progress toward the attainment of its mental-hygiene objectives is reported by the Hogg Foundation of the University of Texas in a summary of activities issued by its director, Dr. Robert L. Sutherland, upon completion of its first year. The foundation works mainly, for the present, through the instrumentality of the

educational lectureship, which has provided a means of contact with numerous groups and individuals not reached as easily or as quickly through normal educational channels. Outstanding educators have been engaged for this program who during the past year conducted some 236 lectures and forums attended by over fifty thousand persons in thirty-seven of the many Texas communities in which the foundation seeks to extend its influence in the interest of better mental health. These lecturers frequently spend an entire day in a community, counseling with the educational, civic, and business leaders about the practical ways in which educational personnel and methods can be improved.

In the mental-hygiene phase of its work, the foundation is experimenting with various types of project for the purposes of planning and study, looking to the formulation of the most effective permanent policy and program. Experts in mental hygiene have appeared before the entire teaching staff of certain school systems, have consulted with the faculties of teacher-training institutions, and have advised with groups of educators who are especially responsible for student guidance. Child-guidance-clinic experts have been invited to conduct conferences for such special groups as school-teachers, guidance officers, and public-welfare workers.

Applying mental hygiene to the field of medicine, the foundation has provided for the employment of a psychiatrist at the medical department of the university, who devotes his full time to helping medical students understand the mental and personality aspects of physical disorders. It is also coöperating with the department of psychiatry in establishing a child-guidance clinic in Galveston. Striving, in the field of business and industry, to secure for human values the same recognition that production and distribution command, the foundation has made it possible for psychiatric speakers and consultants to confer with industrial personnel officers on questions of labor relations, conditions of employment, and group morale. "In these and other ways," writes Dr. Sutherland, "the foundation has tried to gain experience in the most practical aspects of preventive mental hygiene. By working with other professional groups, its resources have been extended much further than would have been possible if it had initiated service projects of its own."

Noted Psychiatrists Take Part in Congress on Semantics

The Second American Congress on General Semantics was held at the University of Denver on August 1 and 2, under the presidency of Dr. Franklin G. Ebaugh, head of the University of Colorado Psychopathic Hospital. At the opening session, the honorary presi-

dent, Caleb Gates, Jr., newly installed Chancellor of the University of Denver, welcomed an assemblage of three hundred persons representing many professions and including laymen in various walks of life, and Dr. Adolf Meyer introduced Alfred Korzybski, author of *Science and Sanity,* in which the system of general semantics was first formulated.

The congress signalized the third anniversary of Korzybski's founding of the Institute of General Semantics, at Chicago, which functions as a research and training center for this pioneer field. It was organized by Professor Elwood Murray, of the University of Denver, and M. Kendig, educational director of the institute, who prepared the program. Some eighty papers were presented at the sectional meetings and general sessions of the congress on the applications of general-semantics formulations and methods and related topics, classified with reference to psychosomatic problems, problems in education, and problems in public affairs.

Among the psychiatric contributors to the program, in addition to Dr. Meyer and Dr. Ebaugh, were Dr. Forrest N. Anderson, of the Los Angeles Child Guidance Clinic; Dr. Douglas G. Campbell, of the University of California Medical School; Dr. Hervey Cleckley, of the University of Georgia School of Medicine; Dr. C. B. Congdon, of Loyola University School of Medicine; Dr. Douglas McG. Kelley, of the New York Psychiatric Institute; and Dr. George S. Stevenson, of The National Committee for Mental Hygiene.

Orders for the proceedings of the congress should be sent to the Institute of General Semantics, 1234 East 56th Street, Chicago.

New Type Psychiatric Internships Announced At Bellevue Hospital

A new series of psychiatric internships, open to graduates of Class "A" medical schools, are announced by Bellevue Hospital, New York City, to begin July 1, 1942. One group will consist of twelve two-year internships, for which no previous hospital experience is necessary. It is expected that these internships will give the required year of medicine and surgery, so that those who continue in psychiatry will not have to take a general-hospital internship. In the second group there will be four one-year internships, which will correspond to the second year of the two-year internships and will be open to those who have had one year of general-hospital internship. The new two-year internship will provide six months in medicine and six months in surgery on the medical and surgical wards of the psychiatric division of the hospital, during which the interns will work up their cases from all

angles, including the psychiatric and psychosomatic. During the second year the intern will work on the various psychiatric wards, but will continue to utilize his medical and surgical training and will make all necessary physical examinations and carry out medical and surgical procedures on his own ward.

Applications for these internships should be made to the Director (Carter N. Colbert, M.D., Acting Director), Psychiatric Division, Bellevue Hospital, New York City.

National Committee Offers Training Fellowships in Child Psychiatry

Fellowships to physicians for training in extramural and child psychiatry are being offered by The National Committee for Mental Hygiene. Because of the special requirements for qualification in this field and the limited number of fellowships available, certain minimum standards of education and experience have been formulated and applicants will be considered on the basis of an individualized selection process and in accordance with the peculiar demands of various positions in the field. Candidates for fellowship award should have had at least a general internship and two years of psychiatry in an approved mental-hospital service, in addition to other qualities fitting them for extramural service. Eligible applicants will be recommended by the National Committee for appointment in selected training clinics, where fellows will spend one or two years, the term and plan of the fellowship to be determined by the peculiar needs of the applicants, as well as their probable future functions. The fellowship stipends vary, according to location and status of the fellow, between $2,000 and $2,600. Those interested should apply to Dr. Milton E. Kirkpatrick, The National Committee for Mental Hygiene, 1790 Broadway, New York, N. Y.

Psychiatric Social-Work Fellowships at New York School of Social Work

The New York School of Social Work, Columbia University, announces a number of Commonwealth Fund fellowships for training in psychiatric social work. Applicants must meet all the educational requirements for admission as degree candidates. In addition, they must have completed at least two quarters or semesters of graduate training, including some psychiatric theory in an accredited school of social work, and if professional training has not included field work, applicants must have had, in addition to this training, a minimum of two years' experience in intensive case-work under supervision. The fellowship training program, combining courses

with field work in a psychiatric clinic serving adults and children, will be directed toward the degree requirements of the school. Appointments will begin with the fall or winter quarter, 1942–43, and application blanks, which may be secured from the New York School of Social Work, 122 East 22nd Street, New York City, must be returned not later than March 1, 1942.

National Health Council to Conduct Three-Year Study of Private Health Agencies

A country-wide study of all private health agencies, with a view to evaluating their activities during the past twenty or thirty years and enhancing their effectiveness in the furtherance of public-health protection, to be undertaken by the National Health Council over a three-year period, was announced recently by Dr. Kendall Emerson, president of the council. The Rockefeller Foundation has appropriated the sum of $75,000 for the study, which will be directed by Mr. Selskar Gunn, an outstanding authority on public-health problems and an official of the foundation, which has granted him a leave of absence for the purpose.

The National Health Council was founded in 1921, with the aid of Rockefeller funds, as a coördinating agency and a clearing house for national voluntary health associations. It numbers among its active members fourteen such organizations, including The National Committee for Mental Hygiene. Mr. Gunn stressed that this is not an "investigation," but a "study of the coöperation between voluntary agencies at the local level." In further explanation of the scope of the study, Dr. Emerson said it will undertake to answer such questions as: What are the various types of state and local voluntary health agencies? What fields do they cover? How do they coöperate with official health agencies? What do they cost to operate? What types of health work lead to the greatest active participation on the part of the citizens?

Mental Hygiene in Settlement Work

In the belief that mental hygiene, like charity, begins at home, the Union Settlement in New York City is moving to apply the principles of mental health in a practical way to the social and family life of the neighborhood it serves. Thanks to the Rockefeller Foundation, which has just made a grant for the purpose, Union Settlement will be able to undertake a two-year project for staff education and program development under the direction of Dr. Alexander R. Martin, psychiatrist to the Children's Aid Society

of New York City, in which organization he has for the past five years assisted staff workers to recognize and deal with those fundamental problems of children that arise as a result of local cultural patterns and intra-familial attitudes and relationships.

First adopted by the society as an experiment in 1936 under Dr. Martin's direction, this plan is now an integral part of the everyday program in ten of its boys' and girls' clubs. This demonstration of the practical public-health value of the work led the medical division of the Rockefeller Foundation to support its extension to the settlement field. The new project will combine the application of psychiatric and sociological principles and practices to this field, and is expected to bring about still closer integration between the medical and social sciences in the service of public-health education and health promotion.

Dr. W. Frank Walker

The National Committee for Mental Hygiene, in common with other beneficiaries of the Commonwealth Fund, feels a deep sense of loss in the death last fall of its esteemed director of health studies, Dr. W. Frank Walker. His relatively brief career, ended at the age of fifty-two, was marked by distinguished achievements and great promise in the broad field of public health, which benefited from his competent and untiring labors on several fronts—as an officer in the Sanitary Corps of the United States Army in the first World War, as superintendent of the Detroit Municipal Tuberculosis Sanatorium, as research associate of the American Child Health Association, as field director for the Committee on Administrative Practice of the American Public Health Association, and in other capacities. The dominant purpose of his life, according to the directors of the fund he served so well, was "to better the quality of public services for the public health."

Mental-health workers in various parts of the country who knew Dr. Walker and recall his wide contacts and beneficent influence in their sector of the public-health movement join heartily in this tribute to his memory. While his activities centered on the reduction of morbidity and mortality, we venture to say that he saw these foci as subordinate to a larger interest in how people live, a transcending interest in quality of life as against mere length of days. In a word, he effected a junction between public health and mental hygiene in his varied and fruitful life's work.

National Hospital for Speech Disorders Celebrates Twenty-fifth Anniversary

The development of a strong scientific research program was stressed as the next step in the unique work of the National Hospital for Speech Disorders, in New York City, which celebrated its twenty-fifth anniversary on November 25 with a large meeting attended by notables in medicine, psychiatry, education, and social work, and by hundreds of former patients of the institution. Speakers at the exercises included Dr. James Sonnet Greene, founder and director of the hospital; Rev. W. Russell Bowie, president of the hospital; President Edmund Ezra Day, of Cornell University; New York City Commissioner of Public Welfare, William Hodson; and Dr. Bernard Sachs, former President of the New York Academy of Medicine and vice-president of the institution, who presided.

Plans for investigative work during the coming year were announced by Dr. Greene, who emphasized the seriousness and widespread character of the problems to be studied by pointing out that the vast majority of the people in this country who suffer from speech and voice disorders are at present receiving no treatment because of lack of facilities. Through grants from Child Neurology Research and another private foundation, a new clinic will be opened in the near future for the study of the brain-wave patterns of stutterers and other speech sufferers, and a new research laboratory has already been established where special studies in neuropsychiatry, endocrinology, and other scientific disciplines will be carried out.

State Society News

Connecticut

The Connecticut Society for Mental Hygiene and the Connecticut Society for Psychiatry and Neurology have recently joined forces in a program of activity in the interests of national defense. As a first step, the two societies conducted a combined public meeting on December 12, devoted to the subject of "Morale and Mental Hygiene." How to wage a "war of nerves," keeping up the family's morale, and selecting soldiers for stability were the topics on which addresses were made, respectively, by Dr. Kimball Young, of Queens College, New York City; Dr. George S. Stevenson, of The National Committee for Mental Hygiene; and Dr. Harry Stack Sullivan, of the U. S. Selective Service System. Col. Samuel H. Fisher, Administrator, State Defense Council, presided. The meeting was preceded by two round tables, one taking up the child problems that arise in families in which both parents work, and problems of anxiety and emotional security among adults; the other dealing with ques-

tions of method in the psychiatric examination of draftees, the discussants representing various psychiatric, medical, and social agencies who are interested in more effective selection procedures.

Maine

The Maine Teachers' Mental Hygiene Association held its annual luncheon and business meeting at Bangor on October 30. It was devoted mainly to organizational matters. A constitution was adopted and plans were made for a membership promotion campaign. The following officers were elected for the ensuing year: President, Arthur E. Pierce, of Bangor; vice-presidents, Raymond S. Finley, of Waterville, and Mrs. Joseph N. Dodge, of Boothbay; executive committee, C. Everett Page, of Dover-Foxcroft, Miss Margaret Gallagher, of Bangor, and Miss Margaret Norton, of Portland. Dr. Charles A. Dickinson, of Orono, continues as secretary.

Massachusetts

Mental health for defense was the theme of a conference held in Lynn on November 14 under the auspices of the Northeastern Regional Committee of the Massachusetts Department of Mental Health and the Massachusetts Society for Mental Hygiene. This committee is one of a number of committees recently organized to carry, throughout the state, the campaign of education for mental health sponsored by the two organizations. Speakers from several professional fields participated in morning and afternoon sessions of the program, which was addressed to questions of mental health in relation to the home, the school, the church, and the courts. On November 18, the Massachusetts Society held a dinner meeting in Boston, at which the principal address was made by Dr. Gordon W. Allport, of Harvard University, who spoke on "Morale: The Emotional Tone of the Nation." As a further contribution to the defense effort, the society and the department have just organized the Speakers Bureau for Mental Health, through which a corps of one hundred speakers, expert in one phase or another of the subject, will be available to interested groups. Some thirty state agencies, representing every field of welfare endeavor, are sponsoring the bureau.

Michigan

The Fifth Annual Conference of the Michigan Society for Mental Hygiene was held in Detroit on October 2 and 3 in conjunction with the annual meeting of the Michigan Welfare League. Over 500 persons from 55 different communities in the state attended the conference, which took up such timely topics as psychiatry in selective service, a program for civilian mental health in the emergency, mass

hysteria in war time, mental-hygiene problems in defense industries, and others. Out-of-state speakers included Watson B. Miller, Assistant Administrator for Health, Welfare, and Related Defense Activities, Federal Security Agency, Washington; Lt. Col. William C. Porter, M.C., U. S. Army; Dr. Lydia G. Giberson, Psychiatrist, Metropolitan Life Insurance Company, New York; and Dr. D. Ewen Cameron, Albany Hospital, New York.

Virginia

The Mental Hygiene Society of Virginia held its annual meeting at the Academy of Medicine in Richmond on October 29, with afternoon and evening sessions. The program was a varied one, oriented to current problems. The speakers and their topics were: Hon. James V. Bennett, Director of the Federal Bureau of Prisons—"Probation and Parole"; H. Minor Davis, of Richmond—"Plans and Purposes of the State Hospital Board of Virginia"; Dr. Merrill Moore, of Boston—"Alcoholism"; Dr. George S. Stevenson, of The National Committee for Mental Hygiene—"Ideals and Principals for the Proper Management of the Mentally Sick"; and Dr. Foster Kennedy, noted New York neurologist—"Psychobiology of Isolationism."

New Publications

A comprehensive report of the findings of the Mental Hospital Survey Committee, in its nation-wide study of mental hospitals over a three-year period, has recently been published by the United States Public Health Service under the title *A Study of the Public Mental Hospitals of the United States, 1937–39.* Visits were made by members of the survey staff, which had its headquarters at The National Committee for Mental Hygiene before the Public Health Service assumed responsibility for this activity, to one hundred and forty-nine institutions, and information was obtained from thirty-three more. Highly informative data are presented under twenty-seven chapter headings that deal with every essential aspect of institutional care of the mentally ill and give a revealing picture of the country's resources and, more importantly, its needs and shortcomings in managing a great public-health problem. The chapter on "Contrasts" is particularly enlightening and should move state authorities and the general public to consider seriously how the present unsatisfactory situation can be improved. The report's 126 pages are well stocked with challenging facts and figures. Copies may be purchased from the Superintendent of Documents, Washington, D. C., at twenty cents. Ask for Supplement No. 164.

Mental Hygiene Laws in Brief is the title of a new publication just brought out by The National Committee for Mental Hygiene.

It is a compilation, prepared in collaboration with the United States Public Health Service, summarizing the statutes in the 48 States and the District of Columbia that govern provisions for the care of the mentally ill, the management of the criminal insane, of defective delinquents, of inebriates and drug addicts, and other phases of mental-health administration. As such it will serve as a convenient source of information concerning legal practices in the various commonwealths that should be helpful to legislators and other public officials who are seeking better statutes for their own states. It will be particularly valuable to teachers of law, medicine, and sociology, to the hospital administrator interested in the administrative organization of other states, to the psychiatrist who is called upon to give expert testimony in court, and to the general medical practitioner and the health officer who have occasional responsibilities in handling the mentally sick. The volume has been arranged in loose-leaf form so that new or supplementary material may be added from time to time. Copies may be obtained from The National Committee for Mental Hygiene, 1790 Broadway, New York City, at $5.00 per copy. Purchasers of the volume will be notified as revisions appear, and the new leaves will be available at nominal cost.

The Committee on Statistics of the American Association on Mental Deficiency and The National Committee for Mental Hygiene announce the publication of a new, revised (third) edition of the *Statistical Manual for the Use of Institutions for Mental Defectives.* As certain changes in the second edition, published in 1934, seemed desirable, the Committee on Statistics reviewed the entire manual and made certain modifications that appeared necessary. The committee expresses the hope that all institutions for the care and treatment of mental defectives will promptly adopt the modifications set forth in the new manual, so that uniformity in statistical procedure may prevail. Single copies may be ordered from The National Committee for Mental Hygiene, 1790 Broadway, New York City, at 75 cents. For orders of ten or more copies, the price is 50 cents per copy.

Orthopsychiatrists to Meet in Detroit in February

The American Orthopsychiatric Association announces that its Nineteenth Annual Meeting will be held at the Hotel Statler, Detroit, Michigan, February 19, 20, and 21, 1942. Copies of the preliminary program and other information as to plans for the meeting, which will be open to non-members upon payment of a registration fee, can be obtained from the office of the association at 1790 Broadway, New York, N. Y.

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DIRECTORY OF STATE SOCIETIES AND COMMITTEES FOR MENTAL HYGIENE

(With date of organization)

Alabama Society for Mental Hygiene (1915)
Miss Katherine Vickery, Secretary
Alabama College, Montevallo

Northern California Society for Mental Hygiene (1937)
Miss Elizabeth Hall, Executive Secretary
45 Second Street, San Francisco

Southern California Society for Mental Hygiene (1923)
Dr. Clifford Bartlett, Suite 605, Professional Bldg.,
65 N. Madison, Pasadena

Connecticut Society for Mental Hygiene (1908)
Dr. George K. Pratt, Medical Director
152 Temple Street, New Haven

Delaware Society for Mental Hygiene (1932)
H. Edmund Bullis, Executive Director
911 Delaware Avenue, Wilmington

Illinois Society for Mental Hygiene (1909)
Dr. John Chornyak, Director
343 S. Dearborn Street, Chicago

Indiana Society for Mental Hygiene (1916)
Charles F. Mitchell, Acting Executive Officer
141 S. Meridian Street, Indianapolis

Kansas Mental Hygiene Society (1920)
Miss Melba Hoffman, Secretary
1525 N. Vassar Street, Wichita

Louisiana State Society for Mental Hygiene (1937)
Paul C. Young, Executive Secretary
Louisiana State Univ., University

Maine Teachers Mental Hygiene Association (1940)
Charles A. Dickinson, Secretary
University of Maine, Orono

Maryland Mental Hygiene Society (1913)
Dr. Ralph P. Truitt, Executive Secretary
601 W. Lombard Street, Baltimore

Massachusetts Society for Mental Hygiene (1913)
Dr. Henry B. Elkind, Medical Director
3 Joy Street, Boston

Michigan Society for Mental Hygiene (1936)
Harold G. Webster, Executive Secretary
1215 Francis Palms Building, Detroit

Minnesota Mental Hygiene Society (1939)
Charles C. Hewitt, Executive Secretary
334 Citizens Aid Bldg., Minneapolis

Missouri Association for Mental Hygiene (1936)
Dr. Clara Mengen, Secretary
Bliss Psychopathic Hospital, St. Louis

New Jersey State Mental Hygiene Association (1940)
Miss Margaret Parker
22 Valley Road, Montclair

New York State Committee on Mental Hygiene of the State Charities Aid Association (1910)
Miss Katherine G. Ecob, Executive Secretary
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North Carolina Mental Hygiene Society (1936)
Dr. W. D. Perry, Secretary
Box 506, Chapel Hill

Oregon Mental Hygiene Society (1932)
Dan Prosser, Secretary
608 Pittock Block, Portland

Pennsylvania Mental Hygiene Committee of the Public Charities Association (1913)
Dr. Appleton H. Pierce, Director
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Rhode Island Society for Mental Hygiene (1916)
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Texas Society for Mental Hygiene (1934)
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Utah Society for Mental Hygiene (1927)
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357 E. 5, N., Logan

Vermont Society for Mental Hygiene (1940)
Rev. Gerald R. Fitzpatrick, Secretary
Montpelier

Virginia Mental Hygiene Society (1937)
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309 N. 12th Street, Richmond

Washington Society for Mental Hygiene (1928)
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1502 Textile Tower, Seattle

Wisconsin Society for Mental Hygiene (1930)
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